

OUTPATIENT REQUEST FOR PASTEURIZED DONOR HUMAN MILK

Distribution Site: Overlake Hospital Medical Center Parent and Baby Care Center

1800 116th Ave NE, Suite 201, Bellevue, WA 98004 PH: (425) 688-5389 FAX: (425) 688-5454 Mon-Sat, 9 am -4 pm



Today's Date _____ Infant Name _____ Infant DOB _____

Parent Name(s) _____ Primary Phone _____

Street Address _____ Apt. or Unit _____

City _____ State _____ Zip _____

PRESCRIPTION

Orders must be confirmed before pick-up. Please call the pick-up location before arriving to confirm availability.

Please provide the following information: (required) (See back for ICD-10 code reference)

Diagnosis (see ICD 10 codes on page 2): _____

Maternal Diagnosis, if applicable: _____

Additional notes: _____

The outpatient will receive up to 20 oz (600 mL) of donor milk per order. Select the prescribed number of refills:

1 order (600 mLs/10 oz) 2 orders (1200 mLs/20 oz) 3 orders (1800 mLs/60 oz)

The processing fee for donor milk allows us to assure the milk safe. The cost of a 100 ml bottle(3.4 oz) is \$17.00.

This prescription will expire when all refills have been filled OR 2 weeks from date of issuance. If milk is needed for a longer period of time, please contact NW Mothers Milk Bank directly: 800-204-4444

Human milk is a limited resource and is distributed based on availability.

Physician Signature: _____

Prescribing Physician (print): _____

Clinic or Hospital: _____

Phone: _____ Fax: _____

DISTRIBUTION SITE—OFFICE USE ONLY

ORDER 1		ORDER 2		ORDER 3	
Date:	Date:	Date:	Date:	Date:	Date:
<u>Bottle Size</u>	<u>Bottle Count</u>	<u>Bottle Size</u>	<u>Bottle Count</u>	<u>Bottle Size</u>	<u>Bottle Count</u>
<u>Lot Number</u>	<u>Expiration</u>	<u>Lot Number</u>	<u>Expiration</u>	<u>Lot Number</u>	<u>Expiration</u>

ICD 10 CODES

The following ICD 10 codes are generally used and accepted, but others may also qualify:

Infant Codes

P92.5	Neonatal difficulty in feeding at breast
P92.9	Feeding problem of newborn
P59.0	Neonatal jaundice associated with preterm delivery
P59.9	Neonatal jaundice, unspecified
P74.2	Dehydration of newborn
R63.4	Abnormal weight loss
R63.6	Underweight
P92.6	Failure to thrive in newborn
Q38.1	Ankyloglossia
Q38.5	Congenital malformations of palate (high arched palate)
P92.1	Bilious vomiting of newborn
P92.09	Other vomiting of newborn
P92.2	Slow feeding of newborn

Maternal Codes

O92.5	Suppressed lactation
O92.3	Agalactia
O92.4	Hypogalactia
O92.70	Impaired milk production
Z 21	HIV (in mother)