

OUTPATIENT REQUEST FOR PASTEURIZED DONOR HUMAN MILK

Distribution Site: Evergreen Health Post-Partum Outpatient Clinic

12303 NE 130th Lane Suite Coral 320 Kirkland, WA 98004 P:(425)899-3603 Mon- Sat 9-4



Today's Date _____ Infant Name _____ Infant DOB _____

Parent Name(s) _____ Primary Phone _____

Street Address _____ Apt. or Unit _____

City _____ State _____ Zip _____

PRESCRIPTION

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 original prescription for donor milk is good for the receipt of up to a maximum 18 bottles of milk (54 oz or 1620 mls). The milk can be dispensed in the following amounts over a period of 1 month or until the entire 18 bottles are filled, whichever comes first. (Please Note: Once it is picked up, unused donor milk cannot be returned) Donor human milk is a limited resource and is distributed based on availability.

Cost per 90 mL bottle is \$15.00 Please Dispense:

- 6 bottles each containing 90 mls (18 oz 270 mls total)
- 12 bottles each containing 90 mls (36 oz or 1080 mls total)
- 18 bottles each containing 90 mls (54 oz or 1620 mls total)
- Custom Volume _____ per parent request

The processing fee for donor milk allows us to assure the milk is safe. Please contact NW Mothers Milk Bank directly: 800-204-4444; www.donatemilk.org for on-going donor milk need.

Physician Signature: _____

Prescribing Physician (print): _____

Clinic or Hospital: _____

Phone: _____ Fax: _____

OFFICE USE ONLY

ORDER 1	Date	ORDER 2	Date	ORDER 3	Date
<u>Bottles</u>		<u>Bottles</u>		<u>Bottles</u>	
<u>Scanner ID</u>		<u>Scanner ID</u>		<u>Scanner ID</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)