		northwest
OUTPATIENT REQUEST FOR PASTEURIZED DON	OR HUMAN MILK	MOTHERS MILK BANK
Distribution Site: Central Oregon Locavore		
1841 NE 3rd St, Bend, OR 97701 PH: (541)-633-7388 FAX: (541)40	2-5580	Open Daily 10:00 am – 6:00 pm
Today's Date Infant Name		Infant DOB
Parent Name(s)	Primary Phone	
Address		_ Apt. or Unit
City	State	Zip
PRESCRI	PTION	
Please provide the following information: (required) (	See back for ICD-10 co	ode 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 red (Please Note: Once milk is picked up, unused donor milk of Cost per 90 mL bottle is \$15.00 Please Dispense:	• •	um 9 bottles of milk or 900 mls.
3 bottles each containing 90 mls (9 oz t	otal) = \$45.00	
6 bottles each containing 90 mls (18 oz	: total) = \$90.00	
9 bottles each containing 90 mls (27 oz	: total) = \$135.00	
The processing fee for donor milk allows us to assure the milk is 204-4444; <u>www.donatemilk.org</u> for on-going donor milk need. availability.		-
Physician Signature:		
Prescribing Physician (print):		
Clinic or Hospital:		
Phone:	Fax:	

OFFICE USE ONLY



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## **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**

092.5	Suppressed lactation
092.3	Agalactia
092.4	Hypogalactia
O92.70	Impaired milk production
Z 21	HIV (in mother)