

**OUTPATIENT REQUEST FOR PASTEURIZED DONOR HUMAN MILK**

Distribution Site: Central Oregon Locavore

1841 NE 3rd St, Bend, OR 97701 PH: (541)-633-7388 FAX: (541)402-5580

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 \_\_\_\_\_

**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 9 bottles of milk or 900 mls. (Please Note: Once milk is picked up, unused donor milk cannot be returned)

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

- \_\_\_\_\_ 3 bottles each containing 90 mls (9 oz total) = \$45.00
- \_\_\_\_\_ 6 bottles each containing 90 mls (18 oz total) = \$90.00
- \_\_\_\_\_ 9 bottles each containing 90 mls (27 oz total) = \$135.00
- Custom Order (specify # of bottles desired) \_\_\_\_\_ @ \$15.00 = \$\_\_\_\_\_

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](http://www.donatemilk.org) for on-going donor milk need. Human milk is a limited resource and is dispensed based on availability.

Physician Signature: \_\_\_\_\_

Prescribing Physician (print): \_\_\_\_\_

Clinic or Hospital: \_\_\_\_\_

**OFFICE USE ONLY**

**ICD 10 CODES**

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

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

**Maternal Codes**

|               |                          |
|---------------|--------------------------|
| <b>O92.5</b>  | Suppressed lactation     |
| <b>O92.3</b>  | Agalactia                |
| <b>O92.4</b>  | Hypogalactia             |
| <b>O92.70</b> | Impaired milk production |
| <b>Z 21</b>   | HIV (in mother)          |