

OUTPATIENT REQUEST FOR PASTEURIZED DONOR HUMAN MILK

15875 SW 74th Ave, Tigard, OR 97224 • Phone: 503-469-0955 • Fax: 503-469-0962

Hours: Mon-Thu 8:30 am - 4:30 pm, Fri 9 am - 3 pm



Today's Date _____ Infant Name _____ Infant DOB _____

Parent Name(s) _____

Primary Phone Number(s) _____

Email (for receipts and shipment tracking) _____

Street Address _____ Apt. or Unit _____

City _____ State _____ Zip _____

Is the outpatient covered by state or military health insurance? Yes No

PLEASE NOTE:

- A family member must call the milk bank at 503-469-0955 to place an order *before* arrival.
- The processing fee for donor milk is \$4.50 per ounce.
- Shipment orders must be placed before noon.
- We may request chart notes to determine continuing medical need after the first month of life.

PRESCRIPTION

Fax to 503-469-0962. Common ICD 10 diagnosis codes are listed on page 2.

Infant Diagnosis: _____

Preterm — *weeks gestation*: _____ NICU admit — *days in NICU*: _____

Maternal Diagnosis, if applicable: _____

Additional notes: _____

The outpatient's family may order donor milk as needed in increments of 20 ounces (600mL) for 4 weeks unless otherwise specified. Please select the amount of milk to prescribe:

As needed for 4 weeks Specific amount or duration: _____

EXPIRATION DATE: 4 weeks from date of issuance OR when the specific amount listed above has been filled.

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

Physician Signature: _____

Prescribing Physician (print): _____

Clinic or Hospital: _____

Phone: _____ Fax: _____

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
Z21	HIV (in mother)