

# OUTPATIENT REQUEST FOR PASTEURIZED DONOR HUMAN MILK - NWMMB (donatemilk.org)

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

1051 116th Ave NE #200, 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)                       2 orders (1200 mLs)                       3 orders (1800 mLs)

**The processing fee for donor milk allows us to assure the milk safe. The cost of a 100 ml bottle is \$15.22. 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:	
<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**

<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)