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Lactation Referral Form

**FAX TO: (815) 732-2133 or
EMAIL TO: joleenbice@milkandmoonlactation.com**

Parent Information ▼

Parent Name:

Parent Phone:

Infant Information ▼

Infant Name:

DOB:

- Reports nipple pain
- Flat or inverted nipples
- Using a nipple shield
- Exclusively pumping
- Suspected low milk supply
- Suspected oversupply
- Desires re-lactation education
- Weaning education
- Breast pump education / flange sizing
- Returning to work education
- Prenatal education
- Assistance ordering insurance pump

- Reports painful latch-on and/or feedings
- Reports latching difficulties
- Reports very long feedings
- Reports very short feedings
- Breast refusal / fussing at breast
- Slow weight gain in infant [less than 1oz/day]
- Prematurity [less than 37 weeks gestation]
- Infant Separation

Rental Services:

- Symphony breast pump rental [monthly]
- Scale rental [weekly]

Donor Milk Services:

- Milk Donor Interest [Depot]
- Pasterized Donor Milk Purchase Request †

Other notes:

****Provider: My signature below is my consent, acknowledgment and agreement that the above client above has consented to sending this lactation referral and contact information over a secure email or secure fax line and agrees to be contacted by the lactation professional.**

Date:

HCP/Provider Signature:

† Donor milk prescriptions can be faxed to **(815) 732-2133**. Donor milk from the Milk Bank is stored in 4oz increments in sterile bottles and requires a consent form to be signed by the recipient at the scheduled pick-up. Each 4oz bottle of pasteurized donor milk is \$20 USD and is non-refundable. Credit card payment and HSA/FSA payment taken at location. **Milk and Moon Lactation Counseling LLC does not bill client insurance for donor milk.**