

PRESCRIPTION FORM FOR DONOR MILK

Please fill this form out completely

Baby Name _____ DOB _____
Birth Weight _____ Gestational Age _____ Gender _____
Parent Name _____ DOB _____
Phone _____ Email Address _____
Partner Name _____ DOB _____
Phone _____ Email Address _____
Address _____
City _____ State _____ Zip Code _____

Prescription

Date _____
Baby Name _____ DOB _____
Prescribed volume (per day) _____
Prescription refills/length of time _____
Diagnosis _____ ICD-10 Code _____
Prescribing Physician (print name) _____
Physician Signature _____
NPI # _____ Phone _____
Clinic/Hospital _____
Address _____
City _____ State _____ Zip Code _____

Email or fax this form along with the consent form to us!

IMPORTANT:

Orders are not final until families contact the milk bank to confirm availability and finalize order details.

Phone: 212-956-MILK (6455)

Email: ordermilk@nymilkbank.org

Fax: 914-202-3358

Consent Form for PDHM for Infants

Human milk is the standard food for infants and young children, including premature and sick newborns, with rare exceptions. Human milk provides optimal nutrition, promotes normal growth and development, and reduces the risk of illness and disease. The unique composition of human milk, which includes nutrients, enzymes, growth factors, hormones, and immunologic and anti-inflammatory properties, has not been duplicated. When mother's own milk is not available or there is not sufficient volume, pasteurized donor human milk (PDHM) from a recognized donor human milk bank is the next best option. PDHM contains most of its bioactive properties, which protect the baby from infection while the nutritional components of the milk are the least difficult for the baby to digest.

The New York Milk Bank, Inc. is a 501(c)3 nonprofit donor human milk bank licensed by the New York State Department of Health (NYSDOH) and a member of the Human Milk Banking Association of North America (HMBANA). We follow the mandatory guidelines from NYSDOH and HMBANA to ensure the safest product possible is provided. All donors provide milk on a voluntary basis. Only healthy women who are substance-free, non-smokers and have a healthy lifestyle are accepted as donors. All potential donors are triple screened, including verbal and written screening, contact with both the mother's and baby's healthcare providers, and blood screening. The blood screening for donors includes tests for HIV, HTLV, syphilis, and hepatitis and all results are negative or non-reactive. The donor is screened, the milk is pasteurized, and then cultured for bacterial growth after pasteurization and before it is released from the milk bank. Although there is a small risk when accepting donor milk, the risk is minimized due to strict processing procedures. There has been a 0% infection rate since these guidelines were adopted in 1985.

I understand the above information about pasteurized donor human milk and consent to the use of electronic signatures hereto.

I, _____ (legal Guardian),
 (PRINT NAME)
 am in agreement that my baby/child _____ will
 (PRINT NAME)
 receive pasteurized donor human milk.

 SIGNATURE

 DATE

PAYMENT INFORMATION

Credit Card Type: Visa MasterCard American Express Discover

Credit Card Number: _____

Expiration Date: _____ CVV: _____

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip _____