The New York **Milk Bank**
Give. Nourish. Thrive.

PRESCRIPTION FORM FOR DONOR MILK

Please fill this form out completely

Baby Name ____ DOB ______________________

Birth Weight ______________________ Gestational age at birth ____________ 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

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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

401 Columbus Avenue, Valhalla, New York 10595 T (212) 956-MILK (6455) F (914) 202-3358
ordermilk@nymilkbank.org www.nymilkbank.org

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PAYMENT INFORMATION

Credit Card Type: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Credit Card Number:____

Expiration Date:____ CVV:______________________

Name on Card:____

Billing Address:____

City:______________________________State:__________________Zip____________________