



**PASTEURIZED DONOR HUMAN MILK ORDER FORM**

Order Date: \_\_\_\_\_ Delivery Date: \_\_\_\_\_  
 Hospital: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_ Unit/Dept: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 PO#: \_\_\_\_\_

**2 OUNCE BOTTLE OPTIONS**

MILK TYPE	NUMBER OF OUNCES or BOTTLES	
20 Kcal/oz	_____ ounces	or _____ bottles
22 Kcal/oz	_____ ounces	or _____ bottles
24 Kcal/oz	_____ ounces	or _____ bottles

**4 OUNCE BOTTLE OPTIONS**

MILK TYPE	NUMBER OF OUNCES or BOTTLES	
20 Kcal/oz	_____ ounces	or _____ bottles

Newborn, Outpatient and Term milk available upon request (typically utilized for discharge milk). Note: Term is not analyzed for calorie content

*\*\*If 2 ounce 20 Kcal term is not available, would you like to substitute with 4 ounce 20 Kcal milk?*  
Yes No Initial:

*\*\*If high calorie milk is not available, would you like to substitute with 20 Kcal milk in the same number of ounces?*  
Yes No Initial:

Would you like to use your own UPS account? Account Number: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

SIGNATURE OF PERSON ORDERING: \_\_\_\_\_

Email order form to: [orders@themilkbank.org](mailto:orders@themilkbank.org) or Fax order form to: 317-536-1676