



## Donor Milk Order Form

Hospitals to complete to order milk from the Milk Bank

Site name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postal code: \_\_\_\_\_

Contact person: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

| Order Date | Number of 60 mL<br>(2 oz) bottles | Number of 120<br>mL<br>(4 oz) bottles | Comments |
|------------|-----------------------------------|---------------------------------------|----------|
|            |                                   |                                       |          |

The Milk Bank ships milk to hospitals within four business days of receiving the order (excluding time for overnight courier).

Please fill out and e-mail [mbscreening@cw.bc.ca](mailto:mbscreening@cw.bc.ca) or fax 604-875-2371 and retain a copy for your records.

*This communication is intended only for the use of the BC Women's Provincial Milk Bank. It may contain information that is confidential. If you receive this communication in error, please notify us immediately at 604-875-2424, loc 7634.*