

BMC Referral Form

Today's Date:

Mom's name and date of birth:

Infant's name and date of birth:

Phone Number:

Health Insurance:

Re: Referral to Breastfeeding Management Clinic

To Whom it may Concern:

The Breastfeeding Management Clinic is held in three different locations; Aurora, Colorado Springs and Highlands Ranch by appointment only. It is staffed by a pediatrician, lactation consultant, and psychologist with breastfeeding expertise and credentials.

Please check the appropriate boxes to complete the referral to this clinic:

- 1. Neonatal Intensive Care Unit after discharge
- 2. Moms with multiple infants
- 3. Late preterm infant 35-38 weeks gestational age
- 4. Refusal of breast/bottle/poor latch and painful breastfeeding
- 5. Low milk production
- 6. Abnormal breast anatomy or injuries to breast and nipples
- 7. Breastfeeding delay due to medical conditions in mother or infant
- 8. Breastfed infant with GERD
- 9. Breastfed infant with bloody stools and food sensitivity or intolerance
- 10. Other

We appreciate your support and coverage of this valuable service to promote optimal health for new mothers and their infants.

Please call 720-777-3605 for questions

Fax completed form to 720-777-7149