Today's date: _____



www.childrenscolorado.org

Children's Hospital Colorado

Mom	's na	ame and date of birth:Phone #:	
Infan	t na	me and date of birth:	
Insur	ance	e name:	
Re: F	Refe	ral to the Breastfeeding Management Clinic Visit	
To W	hon'	It May Concern:	
appo	intm	stfeeding Management Clinic is held two mornings per week in the metro area and by ent only. It is staffed by Pediatrician Maya Bunik, MD, FABM and Lorry Watkins, BSN, RN, buth with breastfeeding expertise and credentials.	
Pleas	se cl	neck the appropriate boxes to complete the referral to this clinic:	
	1)	Neonatal Intensive Care Unit infant after discharge	
	2)	Mom's with multiple infants	
	3)	Late preterm infant 35-38 weeks gestational age	
	4)	Mom with abnormal breast anatomy or injuries to nipples	
	5)	Refusal of breast/Poor latch and or painful breastfeeding	
	6)	Low breastmilk production	
	7)	Breastfeeding delay due to medical complications in the mother (e.g. post partum hemorrhage	
		retained placental fragment, HELLP) or in the infant (e.g. sepsis, hypoxic events,	
		hyperbilirubinemia)	
	8)	Breastfed infant with GERD	
	9)	Breastfed infant with bloody stools and possible food sensitivity	
	10	10) Failure to thrive in the breastfed infant	
	11)Other	
We a	ppre	eciate your support and coverage of this valuable service to promote optimal health for new	

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mothers and their infants.

Please call 720-777-3605 for questions.

Fax completed form to 720-777-7149

