

MATERNAL REFERRAL REQUEST OUTPATIENT LACTATION SERVICES

(972) 969-2369 (Office)
(972) 969-2230 (Fax) • (469) 484-1313 (Fax)

Patient Information: [Please Print or Type]

Name of Mother: _____
Address: _____
Name of Infant: _____
Insurance: _____
Insured: _____

Home Ph: _____
Work Ph: _____
Mother's SSN #: _____
DOB - Infant: _____
Insurance Phone: _____
DOB Mother: _____

PHYSICIAN ORDERS

Initial Lactation Consultation

Follow up Lactation Consult x _____ visits

Primary Diagnosis: _____

Indications [Please List]: _____

Infant Weight: _____ Infant Length: _____ Male Female

ICD-10-CM codes: Please check one box from each column

Baby

Feeding problems

- Feeding problem P92.9
 Feeding problem, infant (>28 days) R11.10

Jaundice

- Breastmilk jaundice P59.3
 Neonatal jaundice P59.8
 Preterm jaundice P59.9

Weight and hydration

- Dehydration, neonatal P74.1
 Weight loss R63.4
 Underweight R63.6
 Slow weight gain, FTT 783.41
 Rapid weight gain R63.6
As well as all the diagnoses associated with size and maturity.

Infant distress

- Fussy baby R68.12
 Excessive crying R68.11
 Infantile colic or intestinal distress R10.83

GI issues

- Change in bowel habits R19.4
 Abnormal stools R19.5
 Diarrhea R19.7

Mouth

- Ankyloglossia Q38.1
 High arched palate Q38.5
 Other specified follow-up exam Z09
(When the original reason for visit has resolved) _____

Mother

Breast issues

- Abscess, Breast O91.2
 Blocked milk duct O91.22
 Breast engorgement, ductal O92.29
 Burning pains, hyperesthesia R20.3
 Ectopic or axillary breast tissue Q83.8
 Galactocele O92.79
 Mastitis, infective O91.12
 Other specified nipple/breast anomaly Q83.8
 Other specified nipple/breast infection O91.23

Nipple

- Burning pains, hyperesthesia R20.3
 Nipple infection O91.02
 Nipple, cracks or fissures O92.13
 Nipple, sore O92.29
 Retracted nipple, postpartum O92.03
 Impetigo (staph), nipple L01.00
 Candidiasis, nipple or breast B37.89

Constitutional

- Disrupted sleep cycle G47.20
 Fatigue R53.83

Lactation

- Agalactia, failure to lactate O92.3
 Lactation, delayed O92.3
 Lactation, suppressed O92.5
 Other specified disorders of lactation O92.79
 Supervision of lactation Z39.1
 Other specified follow-up exam Z09
(When the original reason for visit has resolved) _____

Ordering Physician: _____

Office Ph: _____ Fax Ph: _____

Address: _____

NPI #: _____

Physician Signature: [Required] _____ Date: _____ Time: _____



6800 North MacArthur • Irving, Texas 75039
972-969-2000

OUTPATIENT LACTATION SERVICES MATERNAL REFERRAL REQUEST



PATIENT IDENTIFICATION