

# INFANT 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 Infant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Mom: \_\_\_\_\_  
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: \_\_\_\_\_



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## OUTPATIENT LACTATION SERVICES INFANT REFERRAL REQUEST



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LC-922-505 (Rev. 11/15)

PATIENT IDENTIFICATION