

Patient Name: _____

Patient DOB: _____

Diagnosis: _____



OB Outpatient Lactation Consultation

Version 1 Approved 12/14/17

Orders :

- Consultation visit with lactation counselor (2 visits). Additional visits require follow-up with provider.

Diagnosis (Please check one or more)

ICD-Code	Description
P92.2	Slow feeding of newborn
P92.3	Underfeeding of newborn
P92.5	Neonatal difficulty at the breast
P92.8	Other feeding problems of newborn:
Q38.5	Congenital malformation of palate (high arched palate)
O92.13	Cracked Nipple associated with lactation
O92.5	Suppressed Lactation
Other:	

Provider Signature: _____ Date: _____ Time: _____