Patient Name:_____

Patient DOB:_____

Diagnosis:_____

BENEFIS HEALTH SYSTEM
Benefis
HOSPITALS

PROVIDER ORDERS

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.

Provider Signature:_____Date:_____Time:_____