

Breast Pump Log

Name, HH ID, Phone #	Date	Type of Pump Issued (MU, SU, M) Pump #	Justification for Issuance of Pump Type & Education Provided (Y/N)	Date of Expected Return	3 Day F/U	F/U Plan (circle one)	Date of Return	Initials Cleaned
N:						Waalda		
WIC ID:						Weekly		
Ph:		Pump #:	Education Provided: Y/N			Monthly		
N:						Weekly		
WIC ID:								
Ph:		Pump #:	Education Provided: Y/N			Monthly		
N:						Weekly		
WIC ID:								
Ph:		Pump #:	Education Provided: Y/N			Monthly		
N:		Pump #:				Weekly		
WIC ID:								
Ph:			Education Provided: Y/N			Monthly		
N:						Weekly		
WIC ID:								
Ph:		Pump #:	Education Provided: Y/N			Monthly		
N:						Weekly		
WIC ID:								
Ph:	Pump #:	Education Provided: Y/N			Monthly			
N:						Weekly		
WIC ID:								
Ph:		Pump #:	Education Provided: Y/N			Monthly		

Breast Pump Log October 2023