



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:						Weekly		
WIC ID:						Monthly		
Ph:						Pump #: _____ Education Provided: Y / N		
N:						Weekly		
WIC ID:						Monthly		
Ph:						Pump #: _____ Education Provided: Y / N		
N:						Weekly		
WIC ID:						Monthly		
Ph:						Pump #: _____ Education Provided: Y / N		
N:						Weekly		
WIC ID:						Monthly		
Ph:						Pump #: _____ Education Provided: Y / N		
N:						Weekly		
WIC ID:						Monthly		
Ph:						Pump #: _____ Education Provided: Y / N		
N:						Weekly		
WIC ID:						Monthly		
Ph:						Pump #: _____ Education Provided: Y / N		
N:						Weekly		
WIC ID:						Monthly		
Ph:						Pump #: _____ Education Provided: Y / N		