Reset Form

MINNESOTA
Milk Bank
FOR BABIES

PASTEURIZED DONOR HUMAN MILK ORDER FORM

v.8/1/2023

Facility Name:

Facility Type: ◯ NICU ◯ SCN ◯ Mother Baby Unit ◯ Outpatient/Distribution Site

Delivery Address:

Delivery Instructions:

Submitted By: Title

Phone: **Email:**

Purchase Order (if applicable):

Shipper or Courier: ◯ Hospital's Shipper (hospital pays for shipping
Hospital Shipping Account No:
◯ MN Milk Bank's FedEx or metro area local courier
Do you have an active MN Milk Bank depot or distribution site?

Order For: 8/2/2023 ◯ Yes (shipping fees waived) ◯ No

☐	**T3.3; 3.3oz (100mL) Term PDHM** For inpatient use. 20–22 kcal/oz.	**Quantity of Bottles ($16/ea):**
☐	**T4-20; 4oz (120mL) Term PDHM** For inpatient use. 20 kcal/oz.	**Quantity of Bottles ($19/ea):**
☐	**T4-22; 4oz (120mL) Term PDHM** For inpatient use. 22 kcal/oz.	**Quantity of Bottles ($19/ea):**
☐	**T4-24; 4oz (120mL) Term PDHM** For inpatient use. 24 kcal/oz.	**Quantity of Bottles ($20/ea):**
☐	**T4-OP; 4oz (120mL) Term PDHM** For outpatient use only. If unavailable, substituted w/T4–20.	**Quantity of Bottles ($19/ea):**
☐	**PT; 1.7oz (50mL) Preterm PDHM** Available for NICU and SCN units only. Nutrients on label.	**Quantity of Bottles ($8.98/ea):**

To place an order: click submit button below, email forms to orders@mnmilkbank.org, fax to (763) 225–4800, or call (763) 546–8051. Hours: Monday - Friday, 8:00am - 4:30pm.

For urgent orders, call **and** email the order. **Orders placed Monday - Thursday by 12:00pm will be shipped the next day for overnight delivery by FedEx.** When possible, metro area local courier may be used for next day delivery. Handling fee and any applicable shipping costs will be added.

See MMBB **Product List**, **Ordering Information**, & **Nutrition Content** sheet for complete information.

Submit Order Form

2525 Nevada Ave N, #304, Golden Valley, MN 55427 • 763-546-8051 • 763-225-4800 (fax) • orders@mnmilkbank.org