

Rogers Hixon Ontario Human Milk Bank:  
**DONOR MILK ORDER FORM**

Deliver To:

Invoice To:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Customer Number: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Order Date	PO # (if applicable)	Total Volume Requested	Bottle Size (120ml / 240ml)	Comments
			_____ 120ml bottles	
			_____ 240ml bottles	

All orders must be received by **Friday at 3pm** for shipment on **Tues or Wed only of the following week.**

*Please fill out, print, and fax this form to 647-826-8024 and retain a copy for your records.*

Mount Sinai Hospital | 600 University Avenue, 18th Floor, Suite 252, Toronto, Ontario, Canada M5G 1X5  
 t 416-586-4800 ext. 3053 | info@milkbankontario.ca | www.milkbankontario.ca

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