

Donor Milk Order Form



The Rogers Hixon
Ontario Human Milk Bank
Mount Sinai Hospital
Joseph & Wolf Lebovic Health Complex

Deliver to:

Invoice to:

ATTN: _____

Contact Person: _____

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 by Tuesday or Wednesday of the following week. If your order is urgent, please call.

Please fill out, print, and fax this form to 647-826-8024, or scan and email to info@milkbankontario.ca and retain a copy for your records.