



3127 Penn Avenue  
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**DISTRIBUTION OF PASTEURIZED DONOR HUMAN MILK TO RECIPIENT**

Milk banks are required to track batch numbers used by recipients. Bottles cannot be distributed until this form is signed and completed. Scan and send completed forms to [orders@midatlanticmilkbank.org](mailto:orders@midatlanticmilkbank.org)

Recipient name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Dispensary name: \_\_\_\_\_

Batch Number	Expiration Date	# of Bottles
_____	_____	_____
_____	_____	_____
_____	_____	_____

Order Number (on Credit Card Receipt) \_\_\_\_\_

I have received the bottles of donor milk listed above:

_____ Parent, Guardian, or Family Member (printed)	_____ Signature	_____ Staff (print)
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