Montana WIC Program
Breast Pump Log

Participant Name & ID	**Type of Pump (M,SU, MU)**	**Issuer**	**Justification for Issuance of Breast Pump and Type**	**Education Provided to Participant on Pumping Document Topics Addressed**	**Date Issued**	Date of Expected Return	**Date of Return**	**MU Type Date and Initials Cleaned**	Partici-pant phone number