



Breast Pump Log

| Name, HH ID, Phone # | Date | Type of Pump Issued (MU, SU, M) Pump # | Justification for Issuance of Pump Type & Education Provided (Y/N) | Date of Expected Return | 3 Day F/U | F/U Plan (circle one) | Date of Return | Initials Cleaned |
|----------------------|------|--|--|-------------------------|-----------|-----------------------|----------------|------------------|
| N: | | Pump #: | Education Provided: Y / N | | | Weekly | | |
| ID: | | | | | | Monthly | | |
| Ph: | | | | | | | | |
| N: | | Pump #: | Education Provided: Y / N | | | Weekly | | |
| ID: | | | | | | Monthly | | |
| Ph: | | | | | | | | |
| N: | | Pump #: | Education Provided: Y / N | | | Weekly | | |
| ID: | | | | | | Monthly | | |
| Ph: | | | | | | | | |
| N: | | Pump #: | Education Provided: Y / N | | | Weekly | | |
| ID: | | | | | | Monthly | | |
| Ph: | | | | | | | | |
| N: | | Pump #: | Education Provided: Y / N | | | Weekly | | |
| ID: | | | | | | Monthly | | |
| Ph: | | | | | | | | |
| N: | | Pump #: | Education Provided: Y / N | | | Weekly | | |
| ID: | | | | | | Monthly | | |
| Ph: | | | | | | | | |
| N: | | Pump #: | Education Provided: Y / N | | | Weekly | | |
| ID: | | | | | | Monthly | | |
| Ph: | | | | | | | | |