ABBOTT HUMAN MILK FORTIFIER
DISCHARGE ORDER FORM

PATIENT

Name: _____

Address: _____

Phone Number: _____

Discharge Date: _____

	Human Milk Fortifier Disbursed	Quantity	Lot Number
☐	 Similac® Human Milk Fortifier Extensively Hydrolyzed Protein Concentrated Liquid		
☐	 Similac® Human Milk Fortifier Powder		
☐	 Similac® Human Milk Fortifier Special Care® 30		

Nutrition Prescription/Recipe: _____

_____

HEALTH CARE PROFESSIONAL AUTHORIZED TO PRESCRIBE PRODUCT

Name: _____ Credentials: _____ License Number: _____

Signature: _____ Date: _____

Printed in Canada
HFS/381B08 - OC 2021 - 01439

Abbott