



Clear

Print

Protected

## Electric Breast Pump Recommendation

Please give to the provider to accompany the Prior Approval Form required for submission to NIHB

Parent - Newborn Information			
Parent Surname :		Parent Given Name:	
Parent Date of Birth (YYYY-MM-DD):	Parent Client #:	[or] Parent Band #:	Parent Family #:
Address:			
Newborn Name:		Newborn date of birth (YYYY-MM-DD):	
Diagnosis: <input type="radio"/> Mother <input type="radio"/> Newborn			

Reason for Request:	
<input type="checkbox"/> Breast Conditions (infection, breast abscess, fibrocystic or hypoplastic breasts) <input type="checkbox"/> Nipple Conditions (itchy, bleeding, sore, pain, or fissures) <input type="checkbox"/> Supplementation for low milk supply <input type="checkbox"/> Mother has acute illness/condition and is unable to supply milk <input type="checkbox"/> Neurologic disorders <input type="checkbox"/> Genetic abnormalities <input type="checkbox"/> Anatomic, mechanical or congenital malformations affecting feeding at breast <input type="checkbox"/> Infant admitted to the Neonatal Intensive Care Unit (NICU) and/or hospital and unable to feed at breast	<input type="checkbox"/> Infant admitted to the Neonatal Intensive Care Unit (NICU) and/or hospital and unable to feed at breast <input type="checkbox"/> Prematurity (including multiple gestation, low birth weight infants) Gestational Age:  Birth Weight:  Other conditions (please provide details):

Item Request
<input type="checkbox"/> Electric breast pump, purchase (Item # 99401153) <input type="checkbox"/> Electric breast pump hospital grade, rental (Item # 99400658)

Recommender information **Form must be dated and signed	
Health Care Provider:	<input type="radio"/> Registered Nurse <input type="radio"/> Nurse Practitioner <input type="radio"/> Registered Midwife <input type="radio"/> Physician
Name:	License/Registration #: (Provided by your regulatory body)
Place of work:	Phone Number:
Signature:	Date (YYYY-MM-DD):

**Privacy statement:** The personal information you provide to Indigenous Services Canada (ISC) is governed in accordance with the Privacy Act. We only collect the information needed to administer the NIHB Program. Collection of information for this purpose is authorized by statute. We require this information for the adjudication and payment of claims and for audit purposes. Your personal information may be disclosed without your consent, but only in accordance with subsection 8(2) of the Privacy Act. For more information: This personal information collection is described in Info Source, available online at [infocentre.isc.gc.ca](https://www.isc.gc.ca/infocentre). In addition to protecting your personal information, the Privacy Act gives you the right to request access to and correction of your personal information. For more information, please contact ISC's ATIP Coordinator. Contact information can be found at <https://www.tip.sci.canada.ca/en/ati-simadocuments.asp>. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.