



birthcare®  
...for the very best start in life

## BIRTHCARE LACTATION CLINIC REFERRAL FORM

DATE: \_\_\_\_\_

CLIENTS NAME: \_\_\_\_\_

NHI: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Reason for referral:

Name:

LMC / Backup LMC / Midwife (Please circle one)

Signature:

Contact Number:

\_\_\_\_\_

\_\_\_\_\_

*Birthcare offers a 1 hour private consultation by appointment*

Birthcare Parnell, 20 Titoki Street, Parnell, Ph: (09) 3740800

For all clinic appointments, please go to Level 2.



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