



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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