ORLANDO HEALTH®

WINNIE PALMER HOSPITAL

NICU LACTATION CONSULTANTS

83 W. Miller St. • Orlando, FL 32806 • 321.841.2140

SHORT TERM **BREASTPUMP LOAN** AGREEMENT AND RECEIPT

Client Name:	Phone Number:
For:	Alternative Phone Number:
Address:	City:State:Zip:
Driver's License Number:	
Type of Breastpump:	Serial Number:
ly initialing and signing below, I acknowledge r	receipt of the breastpump described above, and I accept and agree to the
ollowing terms and conditions of this agreemen	ent.
have the breastpump. I agree to make arrangements for a repla before the due date stated below (34 wee The use and care of the breastpump has I understand that Winnie Palmer Hospital are not responsible for any personal injury.	Lactation Consultants of any changes in my address or phone number while I accement breastpump and return the loaned breastpump as soon as possible seks corrected gestational age) or upon the request of the NICU Lactation Consultates been explained to me and I fully understand how to use it. al (and its parent, subsidiaries, affiliates, officers, directors, agents, and employees) and or damage caused by the use of the breastpump. ith the breastpump, including any loss, theft, breakage, or damage, to the
gnature of Client Date VIC Information Prange County WIC Breastfeeding Coordinator 07.836.9254 or 407.836.2661 DWIC Approved WIC ID#:	Breastpump Return Due Date: Follow-up Status Soon Due Letter:
	Phone Call:
VIC Extensions oday's Date Due Date	Notes
	Notes
	Notes
	Notes