Colorado WIC Medela Breast Pump Order Form

January☐ April☐ July☐ October☐

☐ Check this box if the Agency/Clinic(s) will not be ordering pumps this quarter.

Agency Name & Address

Agency Name:

Street Address:

City, State & ZIP:

Phone Number:

Email Address:

Ship To Clinic Name & Address

Employee Name:

Clinic Name:

Street Address:

City, State & ZIP:

Phone Number:

NEW Equipment				
Qty	Item #	Description	Unit	Sold As
	016SC01	**Lactina Select w/Case**	Each	Each
	~~6107170W~~	~~WIC Lactina Double Breastpump Kit~~	~~**20**/Case~~	~~Case **ONLY**~~
	67116W	WIC Symphony/Lactina Double Breastpump Kit	**20**/Case	Case **ONLY**
	8007085	Lactina Replacement Case **ACCESSORY** for ***Lactina Select***	Each	Each
	8100147	Lactina Carrying Case Clips **ACCESSORY** for ***Lactina Select***	Each	Each
	8997001	Lactina Hard Case Strap **ACCESSORY** for ***Lactina Select***	Each	Each
	57018W	**Personal Double Pump Advanced (Two-Phase)**	**3**/Case	Case **ONLY**
	6107293W	**WIC Manual w/o Spring**	**20**/Case	Case **ONLY**
	67161W2	**WIC Harmony Manual One-Handed Pump**	**20**/Case	Case **ONLY**
ACCESSORIES				
	67091	Lactina to Symphony **Conversion Kit**	**10**/Case	Case **ONLY**
	67090	Symphony to Lactina **Conversion Kit**	**10**/Case	Case **ONLY**
	6007080	Symphony Replacement Case	Each	Each
	87086	21 mm Breast Shield (flange)	**12**/Case	Case **ONLY**
	87087	24 mm Breast Shield (flange)	**12/**Case	Case **ONLY**
	87077	27 mm Breast Shield (flange)	**12**/Case	Case **ONLY**
	87079	30 mm Breast Shield (flange)	**12**/Case	Case **ONLY**
	87094	36 mm Breast Shield (flange)	**12**/Case	Case **ONLY**
	87076	Personal Fit Connectors **ACCESSORY** for ***Lactina Select***	**12**/Case	Case **ONLY**

Instructions

AGENCY and CLINIC information is "auto fill" for the Confirmation of Goods Received if the information above is completed. It is acceptable to have the clinic representative email katie.roby@state.co.us directly upon receipt/confirmation of shipments if that process is more convenient. Otherwise, fax or email the **Confirmation of Goods Received** to katie.roby@state.co.us or fax to 303-756-9926. Your typed signature is sufficient.

Confirmation of Goods Received

I certify that I have received and inspected the goods listed and found them to be satisfactory.

Ship To Clinic Name & Address

Employee Name:
Clinic Name:
Street Address:
City, State & ZIP:
Phone Number:
Email Address:

_____ _____

Signature (verifying receipt) ***Date***