



Electric Breast Pump (EBP) Loan Referral Form

- Complete and fax the referral form to the WIC site your client prefers or email to wicpumps@sfdph.org
- Instruct your patient to call her WIC clinic to arrange for pick up

Date _____ Name of staff making referral _____

Referring staff phone # _____ Organization _____

Mother's name _____ Mother's date of birth _____

Phone number _____ Preferred language _____

Reason(s) electric pump is needed (check all that may apply):

- Separation/Hospitalization of mother/infant
- Unresolved feeding problems
- Employment/school

Please fax referral form to the WIC clinic where patient participates at or email to wicpumps@sfdph.org:

- * Zuckerberg San Francisco General Hospital WIC: Tel # 628-206-5494, fax # 628-206-6543
- * Silver Ave. Family Health Center WIC: Tel # 415-657-1724, fax # 415-657-1744
- * Southeast Health Center WIC: fax request to Silver Avenue and have mother call Silver Avenue
- * Chinatown Public Health Center WIC: Tel # 415-364-7654, fax # 415-364-7659
- * Ocean-Park Health Center WIC: Tel # 415-682-1928, fax # 415-682-1990
- * Van Ness WIC: Tel # 628-217-6891, email wicpumps@sfdph.org