



Electric Breast Pump (EBP) Loan Referral Form

- Complete and fax the referral form to the WIC site of your client
- Give a copy of the referral form to your client
- Instruct your client to call her WIC clinic/site to schedule an appointment

Date _____ Name of Staff making referral _____

Referring staff phone # _____ Organization _____

Mother's name _____ Phone # home _____ cell _____

WIC clinic _____ Preferred language _____

Reason(s) electric pump is needed:

- Separation/Hospitalization of mother/infant
- Other: please describe:

Please fax referral form to the WIC clinic where participant picks up their WIC vouchers:

- * 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**
- * 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**
- * 30 Van Ness WIC: **Tel # 415-558-5940** **fax # 415-558-5945**
- * Southeast Health Center WIC: fax request to Silver Avenue/participant calls Silver Avenue