



# Richmond Breastfeeding Centre

Jillian Simon, RM IBCLC  
Registered Midwife & Lactation Consultant

Tel 604-285-7931  
Fax 778-309-7931  
info@Richmondbreastfeedingcentre.com  
MSP # 89348 BCCNM ID# 1349

## **Referring Care Provider** *(Midwife, Physician, Nurse, Nurse Practitioner or Social Worker)*

Date of Referral

Name of Referrer

MSP Billing#

*(Use '99987' for RN, NP and RSW)*

Office Fax

Office Phone

## **Patient (mother/birthing parent)**

Name on CareCard

Date of Birth

CareCard PHN

Phone

Address

Baby's Date of Birth

Reason for Referral

**Please fax completed form to 778-309-7931**

*Please advise patient they may self-book online for an appointment.*