



Tongass Lactation Consulting, LLC
4804 Halibut Pt. Rd Sitka AK 99835
907-623-7597
Jasmine.esmay@tongasslactation.com

TLC Lactation Consultant Referral Form

Date of Referral: _____
Parent Name: _____ DOB _____
Child's Name: _____ DOB _____
Contact Info: Mailing Address _____
Physical Address _____
Phone: _____ Email: _____

Reason for Referral: If known, please include current age, birth weight, current weight, Apgars, method of birth and any relevant information related to birth/feeding/pregnancy.

Referring Provider

Name: _____ Signature: _____ Phone: _____

Please include the HIPAA Compliant email you wish to have lactation records sent to:

Permission for Referral:

I understand that the above listed provider is referring myself and my child to Tongass Lactation Consulting, LLC (TLC) and that any payments from this service are self-pay at this time. Reimbursement from insurance may be applicable. I understand that TLC is licensed in private practice and hires only Internationally Board-Certified Lactation Consultants to perform outpatient and home visit lactation care.

Patient Signature: _____

Permission for ROI to Provider:

I agree to authorize release of information from TLC to the above listed provider regarding plan of care, assessments, and referrals.

Patient Signature: _____

Please Return this Form to
Tongass Lactation Consulting, LLC
Jasmine Esmay, BSN, RNC-OB, CLC, IBCLC
4804 Halibut Pt. Rd Sitka AK 99835 907-623-7597
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Forms may be emailed to the above HIPPA compliant email address



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