



**Nevada State WIC Program
Multi-User Double Electric Breast
Pump Lost & Transfer Form (L&T)**



Pump Status:

Lost

Transfer to Another Clinic

Originating Clinic for Pump

Clinic Transferring Pump To

Staff Name _____

Staff Name _____

Clinic Name _____

Clinic Name _____

Clinic # _____

Clinic # _____

Serial # _____

Serial # _____

Date _____

Date _____

Comments: _____

Comments: _____
