

Kansas Breastfeeding Friendly Practice Designation
Enrollment Form

Date

Practice Name:

Practice Mailing Address:

Practice Type: OB/GYN Pediatric Family Practice

Other:

Names of all physicians and medical providers in the practice:

Approximate percentage of patient population eligible for Medicaid:

0-24% 25%-49% 50%-74% more than 75%

Does your practice currently collect breastfeeding data? yes no

Name and contact information for the person organizing this initiative:

Name:

Title:

Email:

Phone:

Kansas Breastfeeding Coalition
info@ksbreastfeeding.org



Kansas
Breastfeeding
Coalition, Inc.