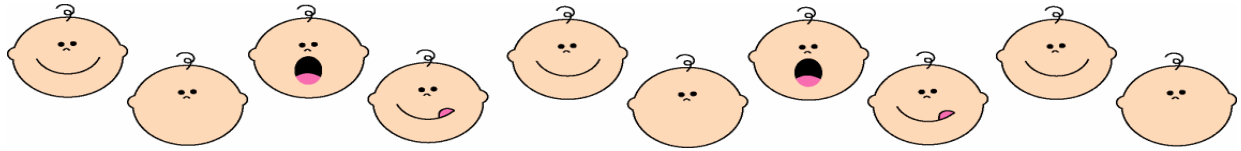


CORPORATE LACTATION PROGRAMS

Lactation Consultants of Atlanta, Inc.



OUR BABY IS HERE !!!

HOME DEPOT LACTATION PROGRAM

ASSOCIATE NAME: _____

BABY'S NAME: _____

BOY GIRL BABY'S BIRTH DATE: _____

GESTATIONAL AGE AT DELIVERY: _____ WEEKS

THIS IS OUR FIRST BABY 2ND CHILD 3RD CHILD 4TH OR MORE

BREASTFED BEFORE YES NO

HOW IS BREASTFEEDING GOING?

GREAT DOING WELL NEED HELP NOT BREASTFEEDING

MATERNITY LEAVE CONTACT INFORMATION

HOME PHONE _____

HOME E-MAIL _____

Please Fax This Form To 678-921-2839 Or Mail to

Lactation Consultants, 1950 Spectrum Circle, Suite 400, Marietta, GA 30067