

**Premier Lactation Services, LLC**  
**Jennifer C. de Franco, RN, RLC (IBCLC)**  
 Registered Nurse (NSY/NICU)-NPI#1063749083  
 Registered Lactation Consultant (IBCLC)#10999203



Mother's Name \_\_\_\_\_  
 Infant's Name \_\_\_\_\_  
 Date \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
 Age of Infant \_\_\_\_\_ to \_\_\_\_\_  
 Weight \_\_\_\_\_ to \_\_\_\_\_

**Daily Feeding Log**

Date: _____		Minutes at Rt Breast	Minutes at Lt Breast	Amount of Supplement	Amount Pumped Rt Breast	Amount Pumped Lt Breast	Minutes Pumping	Stool (diaper wt)	Urine (diaper wt)
Start Time	End Time								
<b>TOTALS - 24 HOURS</b>									

Date: _____		Minutes at Rt Breast	Minutes at Lt Breast	Amount of Supplement	Amount Pumped Rt Breast	Amount Pumped Lt Breast	Minutes Pumping	Stool (diaper wt)	Urine (diaper wt)
Start Time	End Time								
<b>TOTALS - 24 HOURS</b>									



