WIC FORMULA and MEDICAL NUTRITIONAL PRESCRIPTIONS

All components of this form are required and must be completed by a medical provider to receive Medically Prescribed Formulas through the WIC program. Personally identifiable information is used to determine WIC services (e.g., certification/enrollment and food package issuance) and may be disclosed to others only as allowed by state and federal laws.

Patient _____ (Last Name) _____ (First Name) _____ (Birthdate (mm/dd/yyyy))

Parent/Caregiver _____ (Last Name) _____ (First Name)

1. FORMULA PRESCRIPTION

Casein Hydrolysate
- ☐ Nutramigen w/Enflora LGG (powder)
- ☐ Pregestimil (powder)
- ☐ Alimentum (powder)
- ☐ Alimentum (RTF)

Amino Acid Based
- ☐ Elecare (powder)
- ☐ Elecare Junior (powder)
- ☐ Neocate Splash (drink box)
- ☐ Neocate Infant (powder)
- ☐ Neocate Junior (powder)
- ☐ PurAmino DHA & ARA (powder)

Premature & Transitional
- ☐ Enfamil EnfaCare (powder)
- ☐ Enfamil EnfaCare (RTF)
- ☐ Similac NeoSure (powder)
- ☐ Similac NeoSure (RTF)

Other Specialized Products
- ☐ Similac PM 60/40 (powder)
- ☐ Peptamen Junior with or without fiber (RTF)
- ☐ PediaSure Peptide 1.0 cal (RTF)

Infants (6 months no foods)*
- ☐ Enfamil Infant (powder)
- ☐ Enfamil Gentlease (powder)

*must be unable to tolerate infant foods

Children requiring Infant formula
- ☐ Enfamil Infant (powder)
- ☐ Enfamil Gentlease (powder)
- ☐ Enfamil AR (powder)
- ☐ Enfamil ProSobee (powder)

Nutrient Dense
- ☐ Nutren Junior with or without fiber
- ☐ PediaSure with or without fiber

Note: Not allowed for managing body weight (see section 3), must have a medical condition

Nutrient Dense -Women Only
- ☐ Boost with fiber or Boost Plus
- ☐ Ensure or Ensure Plus

2. FOOD PRESCRIPTION

Infants (0-12 months)
- ☐ Formula and foods* beginning at 6 months
- ☐ Formula **ONLY** (no foods during duration of this prescription)

Children (1 -5 years) and Women
- ☐ Formula and foods*
- ☐ Formula **ONLY** (no foods during duration of this prescription)

*WIC foods may include the following, based upon program category:

Infants (6-12 months):
- Infant Cereal
- Infant Fruits/Vegetables

Note: Infant foods can only be issued to Infants 6-12 months

Children (1-5 years) & Women:
- Milk
- Cheese
- Eggs
- Cereal
- Whole wheat Bread/Buns/Pasta
- Brown Rice/ Corn tortillas/ Oatmeal
- Peanut Butter
- Beans
- Canned Fish (Exclusively Breastfeeding women)
- 100% Juice
- Fruits/Vegetables

Special Instructions: *(i.e. foods not allowed)* _____

3. DIAGNOSIS, AMOUNT, DURATION

Medical Diagnosis Justifying Formula:
*Note: WIC Federal Regulations **do not allow the following conditions** for issuance of medical formulas: managing body weight, growth concerns, unconfirmed allergies, lactose intolerance, or intolerance symptoms. Please specify the underlying medical condition(s).*

- ☐ Cerebral Palsy
- ☐ Cleft Lip/Palate
- ☐ Congenital Heart Disease
- ☐ Cystic Fibrosis
- ☐ Developmental Delay
- ☐ Eosinophilic GI Disorders
- ☐ Gastroesophageal Reflux
- ☐ Intestinal Malabsorption
- ☐ Prematurity (*up to 2 years*)
- ☐ Hyperemesis Gravidarum
- ☐ Confirmed Allergy (specify): _____
- ☐ Tube Fed NPO or Pleasure Feeds
- ☐ Tube Fed with formula / foods (complete # 2)
- ☐ Other Medical Diagnosis (specify): _____

Prescribed amount: _____ Maximum amount WIC provides **OR** _____ Ounces per day **OR** _____ Cans per day

Duration: ☐ 1 month ☐ 2 months ☐ 3 months ☐ 4 months ☐ 5 months ☐ 6 months (maximum duration)

Health Care Provider/WIC Clinic Comments: _____

4. HEALTH CARE PROVIDER'S SIGNATURE, LOCATION, DATE PRESCRIBED

Health Care Provider's Signature _____ Date Signed: _____
(Physician, Physician Assistant or Advanced Practice Nurse Practitioner signature is required for prescriptions of the above formulas or medical foods.)

Printed Name of Health Care Provider _____

Medical Office/Clinic _____

Address _____ Telephone _____