

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 Syneo Infant (powder)
 Neocate Junior (powder)
 PurAmino DHA & ARA (powder)

Premature & Transitional

Enfamil NeuroPro EnfaCare (powder)
 Enfamil NeuroPro 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 Reguline (powder)
 Enfamil ProSobee (powder)
 Enfamil AR (powder)

Nutrient Dense

Nutren Junior with or without fiber
 PediaSure with or without fiber
 PediaSure 1.5 cal with or without fiber

Nutrient Dense -Women Only

Boost with fiber or Boost Plus
 Ensure or Ensure Plus
Note: Nutrient Dense formulas are not allowed for growth concerns or managing body weight only (see section 3), must have an underlying medical condition

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
- Cereal
- Peanut Butter
- 100% Juice
- Cheese
- Whole wheat Bread/Buns/Pasta
- Beans
- Fruits/Vegetables
- Eggs
- Brown Rice/ Corn tortillas/ Oatmeal
- Canned Fish (Exclusively Breastfeeding women)

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

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 _____