

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 _____

PRESCRIPTION

1. Formula or Medical Nutritional Prescribed:

Casein Hydrolysate

Nutramigen w/Enflora LGG (Powder)
 Pregestimil (Powder)
 Alimementum
 Powder RTF (Corn Allergy Only)

Premature & Transitional

Enfamil EnfaCare
 Powder RTF
 Similac NeoSure (Powder)

Children

(over 1 year still requiring formula)

Enfamil AR
 Enfamil Gentlease
 Enfamil Premium Infant
 Enfamil ProSobee

Nutrient Dense Feedings

(for women and children)

Boost Plus (Adults only)
 Boost w/fiber (Adults only)
 Ensure (Adults only)
 Ensure Plus (Adults only)
 Nutren Junior
 Nutren Junior w/fiber
 PediaSure
 PediaSure w/fiber

Amino Acid Based

EleCare (Powder)
 EleCare Junior (Powder)
 EO28 Splash (Drink Box)
 Neocate Infant DHA & ARA (Powder)
 Neocate Junior (Powder)
 PurAmino DHA & ARA (Powder)

Other Specialized Products

Similac PM 60/40 (Powder)
 Peptamen Junior (RTF)
 Peptamen Junior w/fiber (RTF)
 PediaSure Peptide 1.0 cal (RTF)

Soy Milk

(Complete #2 and Signature Only)

2. Food Prescription:

Medical Formula Only (NO FOOD)

Allow WIC Foods

Soymilk prescribed for 6 months

Child (1-5 years)

Cereal, Whole Grains, Milk, Cheese, Eggs,
 Beans, Peanut Butter, Fruits & Vegetables

Infant (6-12 mo only)

Baby Cereal, Fruits & Vegetables

If one of these conditions applies.

Severe Lactose Maldigestion
 Vegan/Religious Observance
 Milk Protein Allergy

Special Instructions:

(i.e., specific foods not allowed)

3. Qualifying ICD Diagnosis:

Autoimmune Disorder	Cerebral Palsy	Immunodeficiency	Tube Fed
Congenital Heart Disease	Cystic Fibrosis	Intestinal Malabsorption	NPO or Pleasure feeds
Congenital Anomaly, Respiratory	Developmental Sensory/Motor Delays	Neuromuscular Disorder	With food (complete #2)
Cleft Palate	Gastroesophageal Reflux	Prematurity	
Cleft Lip	Hyperemesis Gravidarum		

Other Qualifying Diagnosis & ICD Code. Federal regulations **do not allow** WIC to provide medical formulas based solely on the following conditions: lactose intolerance, unconfirmed allergies, managing body weight, intolerance symptoms, or growth concerns.

4. Prescribed amount:

Ounces per day **OR** Cans per day **OR** Maximum amount provided by WIC

5. Medical documentation valid for:

1 month 2 months 3 months *a new prescription is required every 3 months

SIGNATURE

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 _____

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