

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

_____ Birth Date (mm/dd/yyyy)

Parent/Caregiver

_____ Last Name

_____ First Name

PRESCRIPTION

1. Formula or Medical Nutritional Prescribed:

<p><u>Casein Hydrolysate</u> Nutramigen LIPIL (Powder) Pregestimil LIPIL (Powder) Alimentum Powder RTF (Corn Allergy Only)</p> <p><u>Amino Acid Based</u> EleCare (powder) EO28 Splash (Drink box) Neocate Infant DHA & ARA (Powder) Neocate Junior (Powder) Nutramigen AA LIPIL (Powder)</p>	<p><u>Premature & Transitional</u> Enfamil EnfaCare LIPIL Powder RTF Similac NeoSure (Powder)</p> <p><u>Other Specialized Products</u> MSUD Analog (Powder) Similac PM 60/40 (Powder) Acerflex (Powder) Peptamen Junior (RTF) Peptamen Junior w/fiber (RTF)</p>	<p><u>Children (over 1 year still requiring formula)</u> Enfamil AR LIPIL Enfamil Gentlease LIPIL Enfamil LIPIL/Enfamil Premium Enfamil ProSobee LIPIL</p> <p>Soy Milk (Complete #5 and Signature Only)</p>	<p><u>Nutrient Dense Feedings (for women and children)</u> 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</p>
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2. Prescribed amount: _____ Ounces per day **OR** _____ Cans per day **OR** _____ Maximum amount provided by WIC

3. Medical documentation valid for: 1 month 2 months 3 months *a new prescription is required every 3 months

4. Medical diagnosis and ICD-9 code justifying the above formula or medical nutritional prescription:

Autoimmune Disorder (279.4) Congenital Heart Disease (746.9) Congenital Anomaly, Respiratory (748.9) Cleft Palate (749.0) Cleft Lip (749.1)	Cerebral Palsy (343.9) Cystic Fibrosis (277.0) Developmental Sensory/Motor Delays (783.4) Gastroesophageal Reflux (530.81) Immunodeficiency (279.3)	Intestinal Malabsorption (579.9) Neuromuscular Disorder (358.9) Prematurity (765.1) Hyperemesis Gravidarum (643) Other Diagnosis with ICD-9 code (required)
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Not Allowed: 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.

5. Food Prescription

No solid foods: offering solids is contraindicated at this time. Please omit all supplemental foods and provide medical formula only.
 Provide Soy milk for 6 months as part of a full WIC package due to:
 Vegan Diet/Religious Observance Milk Protein Allergy Severe Lactose Maldigestion (cannot tolerate lactose free milk)
 Allow age appropriate WIC Foods. Exceptions (specify):

Special Instructions:

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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