

## 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) – for corn allergy only

**Amino Acid Based**

Elecare (powder)  
 Elecare Junior (powder)  
 E028 Splash (drink box)  
 Neocate Infant (powder)  
 Neocate Junior (powder)  
 PurAmino DHA & ARA (powder)

**Premature & Transitional**

Enfamil EnfaCare (powder)  
 Enfamil EnfaCare (RTF)  
 Similac NeoSure (powder)

**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)

\*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*

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

**Children (1 -5 years) and Women**

Formula and foods\*  
 Formula **ONLY** (no foods during duration of this prescription)

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

### 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 \_\_\_\_\_