

## 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)

\*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) and Women

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

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 (up to 2 years)      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 \_\_\_\_\_