 

WIC **Medical Formula Request Form**

*All requests are subject to WIC staff approval.*

*Sections A, B, and C must be completed for consideration.*

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| Healthcare Provider: | Return form to: |
| Address: |
| Phone: Fax: |
| Provider DEA: |
| Patient’s Name: | Date of Birth: / / | Phone #: |
| Parent/Guardian: | MaineCare ID #: |
| Pharmacy Name: | Pharmacy Location: |

1. **Medical Formula/Nutritional Products:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Infant Formula** | **12 months +** | **Diagnosis\*** | **Notes** |
| * Enfamil Enfacare
* Neosure
* Alimentum
* Nutramigen
* Pregestimil
* Elecare
* Neocate
* PurAmino
* Special Care 20
* Enfamil Pre 20
* Special Care 24
* Enfamil 24
* Similac 24
* Similac PM 60/40
* Enfaport
* 3232A
* Enfamil AR
 | * Nutramigen Toddler
* PediaSure Peptide 1.0
* PediaSure Peptide 1.5
* Elecare Jr.
* PurAmino Jr
* Neocate Jr
* PediaSure G & G
* PediaSure 1.5
* PediaSure Sidekicks
* PediaSure Enteral1.0
* 3232 A
* Portagen
 | * Prematurity
* Cerebral Palsy
* Cystic Fibrosis
* Low/Very Low Birth Weight
* Eosinophilic Esophagitis
* Failure to Thrive
* Malabsorption
* Milk Allergy
* Oral/Motor Feeding Issue or Developmental Delay
* Short Bowel Syndrome
* Soy Allergy
* Tube Feeding
* Other (specify):
 | \*Weight gain, loss, or maintenance; rash; intolerance; fussiness; colic; spitting up; vomiting; gas; or constipation does **not** qualify for WIC issued medical formula without a specified underlying medical condition.Provider Notes: |
| Other Formula Requested (include justification if similar formula is listed above): |
| The Maine CDC WIC Nutrition Program issues only contract infant formula for partially breastfed or non-breastfed infants who are using standard cow’s milk or soy formulas. The current contract formulas include: **Similac Advance, Similac Isomil, Similac Sensitive, and Similac Total Comfort.** These do not require the use of this form. |

1. **Amount and Duration:**

|  |
| --- |
| Prescribed ounces or cc/day:  |
| Duration:  Until first birthday  Months of age  Other  Discontinue prescribed formula |

**Supplemental Foods:**

**Foods to be omitted in patient’s diet:**  None

 Omit:

 **WIC Registered Dietitian may assess for and provide appropriate WIC foods** (such as provision of infant solids at 6 months of age, transition to whole milk at 12 months, and discontinuation of prescribed formula after 12 months) to my patient receiving a prescribed formula. If this checkbox is not selected, WIC must have written authorization from HCP to provide foods.

 **Whole Milk for child > 24 months or woman** (must also be prescribed medical formula for qualifying medical condition)

1. **Healthcare Provider Credential**

|  |  |
| --- | --- |
| **Signature:** | **Date:** |