 

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:**

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| --- | --- | --- | --- |
| **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:**

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| --- |
| 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:** |