WIC **Medical Formula Request Form**

All requests are subject to WIC staff approval.

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

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:	

A. 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	☐ Nutramigen Toddler ☐ Pediasure Peptide 1.0 ☐ Pediasure Peptide 1.5 ☐ Elecare Jr. ☐ PurAmino Jr ☐ Neocate Jr ☐ PediaSure G & G ☐ Pediasure 1.5 ☐ Pediasure Sidekicks ☐ PedisaSure 1.0 ☐ 3232 A ☐ Portagen	☐ Prematurity ☐ Cerebral Palsy ☐ Cystic Fibrosis ☐ Low/Very 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, Similac Total Comfort,** and **Similac for Spit-Up.** These do not require the use of this form.

B. 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)

C. Healthcare Provider Credential

Signature:	**Date:**