

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

### PRESCRIPTION

**1. Formula or Medical Nutritional Prescribed:**

Casein Hydrolysate

Nutramigen w/Enflora LGG (Powder)  
 Pregestimil (Powder)  
 Alimentum  
 Powder RTF (Corn Allergy Only)

Premature & Transitional

Enfamil EnfaCare  
 Powder RTF  
 Similac NeoSure (Powder)

Children

(over 1 year still requiring formula)

Enfamil AR  
 Enfamil Gentlease  
 Enfamil Premium Infant  
 Enfamil ProSobee

Nutrient Dense Feedings

(for women and children)

Boost Plus (Adults only)  
 Boost w/fiber (Adults only)  
 Ensure (Adults only)  
 Ensure Plus (Adults only)  
 Nutren Junior  
 Nutren Junior w/fiber  
 PediaSure  
 PediaSure w/fiber

Amino Acid Based

EleCare (Powder)  
 EleCare Junior (Powder)  
 EO28 Splash (Drink Box)  
 Neocate Infant DHA & ARA (Powder)  
 Neocate Junior (Powder)  
 PurAmino DHA & ARA (Powder)

Other Specialized Products

Similac PM 60/40 (Powder)  
 Peptamen Junior (RTF)  
 Peptamen Junior w/fiber (RTF)  
 PediaSure Peptide 1.0 cal (RTF)

Soy Milk  
 (Complete #2 and Signature Only)

**2. Food Prescription:**

Medical Formula Only (NO FOOD)

Allow WIC Foods

Soymilk prescribed for 6 months

**Child (1-5 years)**  
 Cereal, Whole Grains, Milk, Cheese, Eggs,  
 Beans, Peanut Butter, Fruits & Vegetables  
**Infant (6-12 mo only)**  
 Baby Cereal, Fruits & Vegetables

If one of these conditions applies.  
 Severe Lactose Maldigestion  
 Vegan/Religious Observance  
 Milk Protein Allergy

**Special Instructions:**  
 (i.e., specific foods not allowed)

**3. Qualifying ICD Diagnosis:**

Autoimmune Disorder	Cerebral Palsy	Immunodeficiency	Tube Fed
Congenital Heart Disease	Cystic Fibrosis	Intestinal Malabsorption	NPO or Pleasure feeds
Congenital Anomaly, Respiratory	Developmental Sensory/Motor Delays	Neuromuscular Disorder	With food (complete #2)
Cleft Palate	Gastroesophageal Reflux	Prematurity	
Cleft Lip	Hyperemesis Gravidarum		

Other Qualifying Diagnosis & ICD Code. Federal regulations **do not allow** WIC to provide medical formulas based solely on the following conditions: lactose intolerance, unconfirmed allergies, managing body weight, intolerance symptoms, or growth concerns.

**4. Prescribed amount:**

Ounces per day **OR** Cans per day **OR** Maximum amount provided by WIC

**5. Medical documentation valid for:**

1 month      2 months      3 months \*a new prescription is required every 3 months

### SIGNATURE

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 \_\_\_\_\_

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