



Department of Health and Human Services
 Maine Center for Disease Control and Prevention
 286 Water Street
 11 State House Station
 Augusta, Maine 04333-0011
 Tel. (207) 287-8016
 Fax (207) 287-9058; TTY (800) 606-0215

TO: GHS (Attn: PA Team)

FROM: **WIC Staff Member**
XX WIC Program
 FAX: **XXX-XXXX**

DATE: **x/x/xxxx**

SUBJECT: Medical Formula Prescription

PAGES: **x**

This is to inform you that we have received the following prescription request:

Name of patient	Participant Name
MaineCare number	XXXXXXXXXA
Prescribed formula	Name of Formula
Prescribed amount	X cans/month
Action taken by WIC Program	
Formula provided to patient	Name of formula
Number of units/ unit packaging (cans, bottles, nursettes)	x cans provided to patient for period Date X oz. cans, X cans/case
Form of formula (powder, concentrate, ready to feed)	Form of formula
NDC number	XXXX-XXXXXX
Date patient will need formula from pharmacy	X/XX/XXXX
This PA form has been faxed to:	
GHS PA Team	888-879-6938

Comments: **Must include why formula is to be covered by MaineCare**

Please contact me at **XXX-XXXX** if you have any questions about this prescription.