|  |  |
| --- | --- |
| 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, and Similac Total Comfort.** 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 |

|  |
| --- |
| **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) |

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

**Supplemental Foods:
C. Healthcare Provider Credential**