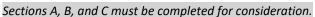


## WIC Medical Formula Request Form

All requests are subject to WIC staff approval.





Healthcare Provider:		Poturn	form to:			
Address:			Return form to:			
Phone: Fax:						
Provider DEA:						
Patient's Name:			Birth: /	' /		Phone #:
				/		Priorie #.
Parent/Guardian:			MaineCare ID #:			
Pharmacy Name: Pharmacy Location:						
A. Medical Formula/Nutritional Products:						
Infant Formula  □ Enfamil Enfacare	12 months +	Diag	nosis*			<b>Notes</b> gain, loss, or maintenance; rash;
□ Alimentum □ Pour Nutramigen □ Pregestimil □ Elecare □ Pregestimil □ Elecare □ Pregestimil □ Pregestimil □ Elecare □ Pregestimil □ Pregestim	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  PediaSure Peptide 1.0 PediaSure Peptide 1.5 PediaSure Sepetide 1.0 PediaSure Peptide 1.0 PediaSure Failure to Thrive Malabsorption Milk Allergy Oral/Motor Feeding Issue or Developmental Delay Short Bowel Syndrome Soy Allergy Tube Feeding Other (specify):		ht	intolerance; fussiness; colic; spitting up; vomiting; gas; or constipation does <b>not</b> qualify for WIC issued medical formula without a specified underlying medical condition.  Provider Notes:		
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:						
Trescribed buriess of cepulay.						
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:						