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 ☐ Enfamil AR	☐ Nutramigen Toddler ☐ PediaSure Peptide 1.0 ☐ PediaSure Peptide 1.5 ☐ Elecare Jr. ☐ PurAmino Jr ☐ Neocate Jr ☐ PediaSure G & G ☐ PediaSure 1.5 ☐ PediaSure Sidekicks ☐ PediaSure Enteral1.0 ☐ 3232 A ☐ Portagen	☐ Prematurity ☐ Cerebral Palsy ☐ Cystic Fibrosis ☐ Low/Very Low 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

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, discontinuation of prescribed formula after 12 months, and all eligible food package substitutions). If this checkbox is not selected, WIC must have written authorization from HCP to provide foods.

*If "None" is checked, WIC staff may make eligible food substitutions based on participant preference.

C. Healthcare Provider Credential

Signature:	Date: