



Medical Prescription Form

Please Complete All Sections

1. Participant's Name: _____

Date of Birth: _____

2. Type of Formula Requested:

Formula Name [#]	Powder	Conc.	RTU*
Similac Alimentum		N/A	
Similac Neosure		N/A	
Elecare for Infant		N/A	N/A
Enfamil NeuroPro Enfacare		N/A	
Nutramigen	N/A		
Nutramigen w Enflora LGG		N/A	N/A
Pediasure**	N/A	N/A	
Other:			
* RTU infant formula may only be authorized under certain conditions such as unsanitary/restricted water supply, the formula is only available in RTU, if participant lacks skills to prepare formula, etc			
**Participants ≥ 2 years old will be given whole milk when prescribed nutritional supplements such as Pediasure. Check here to opt out of whole milk Reason:			

3. Diagnosis (select one or more)

Gastroesophageal Reflux Disease (GERD)	
Severe Food Allergy	
Intestinal Malabsorption	
Failure to Thrive (FTT)	
Premature Birth or Low Birth Weight	
Developmental Disorder	
Metabolic Disorder	
Immune System Disorder	
Inappropriate Growth Pattern	
Formula Intolerance	
Other:	

[#]These are the most-commonly issued formulas. See p-2 for flexibility options. Contact the WIC clinic or State Agency for information on other formulas.

The following are inappropriate reasons to prescribe a special formula:

Fussiness / spitting up / gas / constipation / lactose intolerance / a non-specific formula or food intolerance / participant preference / solely to enhance nutrient intake / managing body weight without a medical condition

4 – Amount of Formula Requested:

Prepared oz./day: _____ kcal/oz.: _____ OR To be determined by WIC Dietitian

5 – Length of Time for Food/Formula Request:

3 months _____ 6 months _____ Other: _____
**Rx >6 months requires justification*

Additional instructions:

6 – WIC Foods:

The WIC Registered Dietitian / nutritionist will determine which foods to provide, unless indicated below.

Check this box to NOT GIVE ANY WIC Foods to this participant starting at 6 months and beyond

OR: Check specific WIC foods to NOT GIVE to this participant starting at age 6 months:

<input type="checkbox"/>	Whole Grains (bread, pasta, etc)	<input type="checkbox"/>	Canned Fish	<input type="checkbox"/>	Eggs
<input type="checkbox"/>	Breakfast Cereal	<input type="checkbox"/>	Peanut Butter	<input type="checkbox"/>	Juice
<input type="checkbox"/>	Fruits	<input type="checkbox"/>	Milk	<input type="checkbox"/>	Infant Fruits
<input type="checkbox"/>	Vegetables	<input type="checkbox"/>	Cheese	<input type="checkbox"/>	Infant Vegetables
<input type="checkbox"/>	Beans	<input type="checkbox"/>	Yogurt	<input type="checkbox"/>	Infant Meats

Additional instructions:

7 – Healthcare Provider's Information:

Credentials: MD DO PA CNP CNM APN

Provider's Name: _____ Phone Number: _____

Provider's Signature: _____ Date: _____

For WIC Use Only:

Authorizing CPA: _____ Date Received: _____

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Hypoallergenic Formulas

Indications: Hypoallergenic, lactose-free formulas for severe GERD, multiple protein allergies, galactosemia, allergy prevention in high-risk infants, short bowel syndrome, intractable diarrhea, steatorrhea, and symptoms associated with cystic fibrosis.

Providers: To allow flexibility to the Registered Dietitian and participant, you may choose to select “any available”, which will give WIC the opportunity to issue any of the formulas listed below. If there are formulas contraindicated for the participant, please indicate the specific formula(s) that WIC should issue.

Any available formula			
OR	Powder	Conc.	RTU*
Nutramigen			
Nutramigen Enflora LGG (contains Probiotics)			
Similac Alimentum			
Pregestimil			
Gerber Extensive HA			

Nutritionally Complete Amino-Acid Based Formulas

Indications: Hypoallergenic formulas for the management of severe protein allergies or protein intolerance and/or severe fat malabsorption. Contain free amino acids and MCT. Symptoms include severe maldigestion, malabsorption, short bowel syndrome, eosinophilic GI disorder including esophagitis, GERD, and GI tract impairment.

Providers: To allow flexibility for the Registered Dietitian and participant, you may choose to select “any available”, which will give WIC the opportunity to issue any of the formulas listed below. If there are formulas contraindicated for the participant, please indicate the specific formula(s) that WIC should issue.

Any available formula	
OR	Powder
Alfamino Infant	
Elecare for Infants	
Neocate Infant DHA/ARA	
Neocate Syneo	
Puramino Infant	

Premature Transition Formulas

Indication: Infants born at less than 37 weeks gestation, or low birth weight infants leaving the NICU.

Providers: To allow flexibility for the Registered Dietitian and participant, you may select “any available”, which will give WIC the opportunity to issue any of the formulas listed below. Otherwise, select the specific formula(s).

Any available formula		
OR	Powder	RTU*
Enfamil NeuroPro Enfacare		
Similac Neosure		