

**Directions:** Please complete all sections and return this form to the participant's WIC Clinic. Fax is acceptable.

\*All requests are subject to WIC approval which is based on program policies and procedures. The signed and dated request should be less than **60 days old** when received by the clinic staff.

Required Patient Information					
Last Name:		First Name:		DOB:	
Parent/Caregiver's Name:					
Qualifying Condition/Diagnosis/ICD-10 Code: (list here)					
<input type="checkbox"/> Severe Allergy, confirmed (L27.2) 353			<input type="checkbox"/> Prematurity (P07.10) 142		
<input type="checkbox"/> Developmental Sensory/Motor Delays (R62.50) 362			<input type="checkbox"/> Intestinal Malabsorption (K90.0) 342		
<input type="checkbox"/> Gastroesophageal Reflux (K21.9) 342			<input type="checkbox"/> Low Birth Weight (P07.10) 141		
<input type="checkbox"/> Inadequate Growth (R62.50) 135 (infants < 6 months only)			<input type="checkbox"/> Metabolic Disorders (E88.9) 351		
<input type="checkbox"/> Failure to Thrive (C-R62.51, W-R62.7) 134			<input type="checkbox"/> Other:		
<b>**NOT ALLOWED: Constipation, diarrhea, unconfirmed allergies, milk protein or soy allergy, managing body weight, lactose intolerance, intolerance, or growth concerns <u>UNLESS</u> there is an underlying medical condition.</b>					
Measurements					
Date:	Length/Height:	Weight:	If Premature, Birth Weight:	Weeks Gestation:	Hgb/Hct:
Name of Formula (from options on reverse side) Write in Formula name below					
Requested Length of Issuance					
**Maximum allowed by federal guidelines of 6 months will be issued unless otherwise indicated.					
1 Month <input type="checkbox"/>	3 Months <input type="checkbox"/>	6 Months <input type="checkbox"/>	Formula Amount _____ per day*		
Length of Issuance: _____ months			*Maximum amount allowed by federal guidelines (for infant/child age and feeding type) will be provided <u>UNLESS</u> a decreased amount is indicated here.		
Infants (6-12 Months Old)			Children (1-5 Years Old)		
Full amount of formula and infant foods will be given <b>UNLESS</b> checked below.			All appropriate WIC foods, will be issued with a prescribed formula <b>UNLESS</b> checked below.		
<input type="checkbox"/> Provide <b>only</b> formula past 6 months of age due to inability or delay in consuming solid foods.  <b>Check WIC Supplemental Food to <u>OMIT</u> at 6 months of age</b>			<input type="checkbox"/> Provide infant foods, specify (infant cereal/food/both): _____  <input type="checkbox"/> No supplemental foods, provide formula ONLY		
<input type="checkbox"/> Infant Cereal		<input type="checkbox"/> Baby Food (Fruit and/or Vegetables)		<b>Check WIC Supplemental Foods to <u>OMIT</u> from Food Package</b>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Dairy/milk		Peanut Butter		Cereal	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Eggs		Beans		Whole Grains	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
				Juice	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
				Fruits/Veg	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Medical Provider Notes:					
Required Health Care Provider Information					
Signature of Health Care Provider (MD/DO/PA/CNP):				Date:	
Provider Name (Please Print):		Phone #:	Fax #:	Email:	

Rx Required WIC Clinic Issued Formulas (Issued Monthly)	Rx Required WIC Card Issued Formulas (Purchased at WIC Authorized Stores)
Alfamino 14.1 oz (infant, child)	Enfamil Enfacare Neuropro Powder 13.6 oz 22 cal (infant, child)
Elecare DHA/ARA Powder 14.1 oz (infant, child)	Neosure Powder 13.1 oz 22 cal (infant, child)
Enfamil 2oz 24 cal (infant, child)	Nutramigen Concentrate 13 oz (infant, child)
Enfamil Enfacare Neuropro RTU 2oz 22 cal (infant, child)	Nutramigen w/Enflora LGG Powder 12.6 oz (infant, child)
Enfamil Enfaport RTF 6 oz 30 cal (infant, child)	Pediasure Grow&Gain w/Fiber 8oz 240 cal (child)
Enfamil Premature RTF 2 oz 20 cal (infant, child)	Pediasure Grow&Gain RTF 8 oz 240 cal (child)
Enfamil Premature RTF 2 oz 24 cal (infant, child)	Pregestimil Powder 16 oz 20 cal (infant, child)
Neocate DHA/ARA Powder 14.1 oz (infant, child)	Similac Advance w/Iron RTF 32 oz. (infant, child)
Neocate Syneo Powder 14.1 oz (infant, child)	Similac Alimentum Powder 12.1 oz (infant, child)
Neosure RTF 2oz (infant,child)	Similac Alimentum RTF 32 oz (infant, child)
Nutramigen w/ Iron RTF 2 oz 20 cal (infant, child)	Similac Sensitive w/Iron RTF 32 oz. (infant, child)
Pregestimil RTF 2 oz 20 cal (infant, child)	Similac Soy Isomil w/Iron RTF 32 oz. (infant, child)
Pregestimil RTF 2 oz 24 cal (infant, child)	Similac Advance w/Iron RTF 32 oz. (infant, child)
Pur Amino DHA/ARA Powder 14.1 oz (infant, child)	Similac Alimentum Powder 12.1 oz (infant, child)
Similac Alimentum RTF 8 oz (infant, child)	Enfamil Enfacare Neuropro Powder 13.6 oz 22 cal (infant, child)
Similac Alimentum RTF 32 oz (infant, child)	Neosure Powder 13.1 oz 22 cal (infant, child)
Similac for Diarrhea RTF 32 oz (infant, child)	
Similac PM 60/40 Powder 14.1 oz (infant, child)	
Similac Special Care w/ Iron RTF 2 oz 24 cal (infant, child)	
Similac Special Care w/ Iron RTF 2 oz 24 cal High Protein	
Similac Special Care w/ Iron RTF 2 oz 30 cal (infant, child)	
<b>Children (1-5 years of age) Formulas Rx Required WIC Clinic Issued Formulas (Issued Monthly)</b>	<b>Standard Milk and Soy WIC Card Issued Formulas No Rx required for Infants, Rx is required for Children</b>
Alfamino Junior (unflavored, vanilla) 14.1 oz (child)	Similac Advance w/Iron Concentrate 13 oz (infant, child)
Boost Kid Essentials 1.5 w /Fiber RTF 8 oz (vanilla) (child)	Similac Advance w/Iron Powder 12.4 oz (infant, child)
Boost Kid Essentials 1.5 RTF 8 oz (vanilla,chocolate,strawberry) (child)	Similac Sensitive w/Iron Powder 12.5 oz (infant, child)
Elecare Jr. Powder 14.1 oz (child)	Similac Spit Up w/Iron Powder 12.5 oz (infant, child)
Neocate Jr. Powder 14 oz (unflavored, chocolate, tropical) (child)	Similac Soy Isomil w/Iron Concentrate 13 oz (infant, child)
Pediasure Enteral w/ Fiber RTF 8 oz (child)	Similac Soy Isomil w/Iron Powder 12.4 oz (infant, child)
Pediasure Enteral RTF 8 oz (vanilla) (child)	Similac Total Comfort Powder 12.6 oz (infant, child)
Pediasure Harvest 8 oz (child)	Similac Advance w/Iron Concentrate 13 oz (infant, child)
Pediasure Peptide RTF 8oz OZ (unflavored, vanilla, strawberry) (child)	
PurAmino Jr. Powder 14.1 oz (unflavored & vanilla) (child)	
	<i>* Federal Regulations require all WIC programs to obtain a formula rebate contract for cost containment. The current Louisiana WIC contract is with Abbott.</i>
	<b>Available formulas are subject to change. For more information and to find the most current version of this form, please visit <a href="http://louisianawic.org/community/">http://louisianawic.org/community/</a></b>
	<b>This institution is an equal opportunity provider.</b>