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 Total Comfort		N/A	N/A
Similac for Spit up		N/A	N/A
Similac Alimentum		N/A	
Similac Neosure		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 of age 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[±]	
[±] Note: These conditions may only be selected for Similac Spit-Up, or Total Comfort)	
Other:	

[#] These are the most-commonly issued formulas. Contact the WIC Site or State Office 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 Nutritionist

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:

	Whole Grains (bread, pasta, etc)		Canned Fish		Eggs
	Breakfast Cereal		Peanut Butter		Juice
	Fruits		Milk		Infant Fruits
	Vegetables		Cheese		Infant Vegetables
	Beans		Yogurt		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:

CPPA *(if applicable)*: