

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

***All requests are subject to WIC approval which is based on program policies and procedures.**
The signed and dated request must 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 Diagnosis/ICD-10 Code/WIC NRC: (list here)		
<input type="checkbox"/> Severe Allergy, confirmed (K52.29) 353	<input type="checkbox"/> Prematurity (P07.10) 142 (< 24 months of age)	
<input type="checkbox"/> Developmental Sensory/Motor Delays (R62.50) 362	<input type="checkbox"/> Intestinal Malabsorption (K90.9) 342	
<input type="checkbox"/> Gastroesophageal Reflux (K21.9) 342	<input type="checkbox"/> Low Birth Weight (P07.10) 141 (< 24 months of age)	
<input type="checkbox"/> Slow/Faltering Growth Pattern (P05) 135 (infants < 6 months)	<input type="checkbox"/> Metabolic Disorders (E88.9) 351	
<input type="checkbox"/> Failure to Thrive (P92.6, R62.51) 134	<input type="checkbox"/> Other:	

****NOT ALLOWED:** Constipation, diarrhea, unconfirmed allergies, milk protein or soy allergy, managing body weight, lactose intolerance, intolerance, or growth concerns UNLESS there is an underlying medical condition.

Measurements					
Date:	Length/Height:	Weight:	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"/>
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Formula Amount _____ per day*

Length of Issuance: _____ months

*Maximum amount allowed by federal guidelines (for infant/child age and feeding type) will be provided UNLESS 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 <u>UNLESS</u> checked below.	All appropriate WIC foods, will be issued with a prescribed formula <u>UNLESS</u> checked below.										
<input type="checkbox"/> Provide only formula past 6 months of age due to inability or delay in consuming solid foods. Check WIC Supplemental Food to OMIT at 6 months of age	<input type="checkbox"/> Provide infant foods, specify (infant cereal/food/both): _____ <input type="checkbox"/> No supplemental foods, provide formula ONLY										
<table border="1"> <tbody> <tr> <td><input type="checkbox"/> Infant Cereal</td> <td><input type="checkbox"/> Baby Food (Fruit and/or Vegetables)</td> </tr> </tbody> </table>	<input type="checkbox"/> Infant Cereal	<input type="checkbox"/> Baby Food (Fruit and/or Vegetables)	Check WIC Supplemental Foods to OMIT from Food Package <table border="1"> <tbody> <tr> <td><input type="checkbox"/> Dairy/milk</td> <td><input type="checkbox"/> Peanut Butter</td> <td><input type="checkbox"/> Cereal</td> <td><input type="checkbox"/> Juice</td> </tr> <tr> <td><input type="checkbox"/> Eggs</td> <td><input type="checkbox"/> Beans</td> <td><input type="checkbox"/> Whole Grains</td> <td><input type="checkbox"/> Fruits/Veg</td> </tr> </tbody> </table>	<input type="checkbox"/> Dairy/milk	<input type="checkbox"/> Peanut Butter	<input type="checkbox"/> Cereal	<input type="checkbox"/> Juice	<input type="checkbox"/> Eggs	<input type="checkbox"/> Beans	<input type="checkbox"/> Whole Grains	<input type="checkbox"/> Fruits/Veg
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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 Children (1-5 years of age) Nutritionals (Issued Monthly)
Alfamino powder 14.1 oz.	Alfamino Junior powder 14.1 oz. (unflavored, vanilla)
Elecare DHA/ARA powder 14.1 oz.	Boost Kids Essential 1.0 (van,choc,straw)
Enfamil 24 cal 2oz	Boost Kid Essentials 1.5 8 oz. (van,choc,straw)
Enfamil AR RTF 2 oz. * and powder 12.9 oz.	Boost Kid Essentials 1.5 w /Fiber 8 oz. (vanilla)
Enfamil Enfacare Neuropro 22 cal RTF 2oz *	Elecare Jr. Powder 14.1 oz. (unflavored, van, choc, banana)
Enfamil Enfaport 30 cal RTF 6 oz	Neocate Jr. powder 14 oz. (van, choc, straw)
Enfamil Premature 20 cal; RTF 2 oz.	Neocate Jr. without prebiotics powder 14 oz. (unflavored)
Enfamil Premature 24 cal RTF 2 oz.	Neocate Splash 8 oz. (unflavored, orange-pineapple, grape,
Extensive HA 14.1 oz. Powder	Neocate Syneo Jr powder 14.1 oz.
Neocate DHA/ARA Powder 14.1 oz.	Pedisure 1.5 cal with fiber (vanilla)
Neocate Syneo Powder 14.1 oz	Pediasure Enteral 1.0 cal 8 oz. (vanilla)
Neosure 22 cal RTF 2 oz. *	Pediasure Enteral w/ Fiber 1.0 cal 8 oz.
Nutramigen w/ Iron RTF 2 oz. *	Pediasure Peptide 1.0 cal 8 oz oz. (unflav,van,choc, straw)
Pregestimil 20 cal RTF 2 oz. *	Pediasure Peptide 1.5 cal 8 oz oz. (vanilla)
Pregestimil 24 cal RTF 2 oz.	Peptamen Jr 1.0 cal 8.45 oz. (unflav, van,straw)
Similac PM 60/40 Powder 14.1 oz	Peptamen Jr 1.5 cal 8.45 oz. (unflav, van,
Similac Alimentum RTF 2 oz. *	PurAmino Jr. powder 14.1 oz. (unflav, van)
Similac Special Care 24 cal 2oz.RTF, High Protein 24 cal 2 oz RTF	
Similac Special Care 30 cal w/ Iron RTF 2 oz.	
Rx Required WIC Card Issued Formulas (Purchased at WIC Authorized Stores)	Standard Milk and Soy WIC Card Issued Formulas No Rx required for Infants, Rx is <u>required</u> for Children
Enfamil Enfacare Neuropro Powder 22 cal 13.6 oz.	Similac Advance Powder 12.4 oz.
Neosure Powder 22 cal 13.1 oz	Similac Advance Concentrate 13 oz
Nutramigen Concentrate 13 oz.	Similac Sensitive Powder 12.5 oz.
Nutramigen w/Enflora LGG Powder 12.6 oz	Similac Soy Isomil Powder 12.4 oz.
Nutramigen RTF 32 oz. *	Similac Soy Isomil Concentrate 13 oz.
Pediasure Grow & Gain w/Fiber RTF 8 oz. 240 cal	Similac Total Comfort Powder 12.6 oz
Pediasure Grow & Gain 8 oz. 240 cal	Similac Total Comfort Powder 12.6 oz
Pepticate Infant Powder 13.2 oz.	Similac Soy Isomil RTF 32 oz. *
Pregestimil Powder 20 cal 16 oz	Similac Soy Isomil RTF 32 oz. *
PurAmino DHA/ARA Powder 14.1 oz.	Similac Total Care 360 (8 & 32 oz.) RTF *
Similac Alimentum RTF 32 oz. *	Similac Total Care 360 Sensitive (8 & 32 oz.) RTF *
Similac Alimentum Powder 12.1 oz.	
<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>	<i>Available formulas are subject to change. For more information and to find the most current version of this form, please visit http://louisianawic.org/community/</i>
This institution is an equal opportunity provider.	* justification for RTF must be met