LOUISIANA DEPARTMENT OF HEALTH

WIC LOUISIANA DEPARTMENT OF HEALTH

WIC-48: Louisiana WIC Medical Request for Formula and/or Food

Directions: Please complete all sections and return this form to the participant's WIC Clinic by Email or Fax. Providers may also return this form to the participant to upload into the myWIC app.

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

1. Required Patient Information

Last Name:	**First Name:**	**DOB:**
Parent/Caregiver's Name:		

Date:	**Length/ Height:**	**Current Weight:**	**Birth Weight:**	**Weeks' Gestation:**	**Hgb/Hct:**

2. Exempt Formula/ WIC-Eligible Nutritionals and Qualifying Diagnosis

Name of Formula
(from options on reverse side):

Qualifying Diagnosis:

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

- ☐ Severe Allergy, confirmed
- ☐ Developmental Sensory/ Motor Delays
- ☐ Gastroesophageal Reflux
- ☐ Slow/Faltering Growth Pattern (infant <6 months)
- ☐ Failure to Thrive
- ☐ Prematurity (< 24 months of age)
- ☐ Intestinal Malabsorption
- ☐ Low Birth Weight (infant < 6 months)
- ☐ Metabolic Disorders
- ☐ Other:

Amount: _____ per day OR

☐ Maximum allowable

Duration: ☐1 month ☐ 3 months ☐ 6 months

Length of Issuance: _____ (max length of issuance without renewal is 6 months by federal guidelines)

3. WIC Food Restrictions

☐ No food restrictions (All WIC foods allowed) ☐ Food restrictions (specify below)

Infants (6-12 months)

☐ Provide only formula after 6 months of age due to inability or delay in consuming solids foods

☐ No infant cereal ☐ No infant fruits and vegetables

Children (1-5 Years)

☐ Provide infant foods, specify (infant cereal/ food/ both): _____ ☐ No supplemental foods, provide formula ONLY

☐ No Dairy/ Milk ☐ No Peanut Butter ☐ No Cereal ☐ No Juice

☐ No Eggs ☐ No Beans ☐ No Whole Grains ☐ No Fruits/ Vegetables

Medical Provider Notes:

4. Required Health Care Provider Information

Printed Provider Name (MD/DO/PA/CNP):		**Date:**
Phone Number:	**Fax Number:**	**Email:**

Signature of Provider:

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Rx Required Infants Formulas may be issued monthly from WIC clinic	**Rx Required Children (1-5 years) Nutritional** Formulas may be issued monthly from WIC clinic
Alfamino pwd 14.1 oz	Alfamino Jr pwd 14.1 oz *(unflavored, vanilla)*
EleCare pwd 14.1 oz	Boost Kid Essential 1.0 RTF 8 oz *(van,choc, straw)*
Enfamil 24 cal RTF 2 oz	Boost Kid Essential 1.5 RTF 8 oz *(van,choc, straw)*
Enfamil AR RTF RTF 2 oz *	Boost Kid Essential 1.5 w/Fiber RTF 8 oz *(vanilla)*
Enfamil NeuroPro Enfacare 22 cal RTF 2 oz *	Compleat Pediatric Blend (plant based)
Enfamil Enfaport 30 cal RTF 6 oz	EleCare Jr. pwd 14.1 oz *(unflav, vanilla)*
Enfamil Premature 20 cal RTF 2 oz	Neocate Jr. pwd 14 oz *(van, choc, straw)*
Enfamil Premature 24 cal RTF 2 oz	Neocate Jr. w/out prebiotics pwd 14 oz *(unflav)*
Extensive HA pwd 14.1 oz	Neocate Splash Jr 8 RTF 8 oz *(unflav, orge-pineap, grape,vanilla, tropical)*
Neocate Infant pwd 14.1 oz	Neocate Syneo Jr pwd 14.1 oz
Neocate Syneo Infant pwd 14.1 oz	PediaSure 1.5 cal w/Fiber RTF 8 oz *(vanilla)*
Pregestimil 24 cal RTF 8 oz	PediaSure Enteral 1.0 cal RTF 8 oz *(vanilla)*
Similac Alimentum RTF 2 oz *	PediaSure Enteral 1.0 cal w/Fiber RTF 8 oz *(vanilla)*
Similac Neosure 22 cal RTF 2 oz *	PediaSure Peptide 1.0 cal RTF 8 oz *(unflav,van,choc)*
Similac PM 60/40 pwd 14.1 oz	PediaSure Peptide 1.5 cal RTF 8 oz *(vanilla)*
Similac Special Care 24 RTF 2 oz	Peptamen Jr 1.0 cal RTF 8.45 oz *(unflav, vanilla)*
Similac Special Care 24 High Protein RTF 2 oz	Peptamen Jr 1.5 cal RTF 8.45 oz *(unflav, vanilla)*
Similac Special Care 30 RTF 2 oz	PurAmino Jr. pwd 14.1 oz *(unflav, vanilla)*
Rx Required Purchased monthly at WIC Authorized Stores	**Standard Infant Formulas (milk and soy based)** No Rx required for infants, Rx required for children
Enfamil Enfacare Neuropro 22 cal pwd 13.6 oz	Similac Advance pwd 12.4 oz
Enfamil AR pwd 12.9 oz	Similac Advance concentrate 13 oz
Neosure pwd 22 cal 13.1 oz	Similac Sensitive pwd 12.5 oz
Nutramigen concentrate 13 oz	Similac Soy Isomil pwd 12.4 oz
Nutramigen w/probiotic/LGG pwd 12.6 oz	Similac Soy Isomil concentrate 13 oz
Nutramigen RTF 32 oz *	Similac Gentle Comfort pwd 12.6 oz
PediaSure Grow & Gain w/Fiber RTF 8 oz	Similac Advance RTF 32 oz *
PediaSure Grow & Gain RTF 8 oz	Similac Soy Isomil RTF 32 oz *
Pepticate Infant pwd 13.2 oz	Similac Sensitive RTF 32 oz *
Pregestimil pwd 16 oz	Similac 360 Total Care (8 oz and 32 oz) RTF *
PurAmino DHA/ARA pwd 14.1 oz	Similac 360 Total Care Sensitive (8 oz and 32 oz) RTF *
Similac Alimentum 32 oz RTF *	
Similac Alimentum pwd 12.1 oz	*** Qualified justification for RTF (Ready To Feed) must be met**
Federal Regulations require all WIC programs to obtain a formula rebate contract for cost containment. The current Louisiana WIC contract is with Abbott.	*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/