



# Medical Prescription Form

Please Complete All Sections

1. Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## 2. Type of Formula Requested:

Formula Name <sup>#</sup>	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 <b>opt out</b> 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:	

<sup>#</sup> These are the most-commonly issued formulas.

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: \_\_\_\_\_

CPPA (if applicable): \_\_\_\_\_