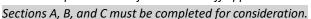


WIC Medical Formula Request Form

All requests are subject to WIC staff approval.





Healthcare Provider:		Return form to:		
Address:				
Phone: Fax:		-		
Provider DEA:		-		
Patient's Name:		Date of Birth:	1 1	Phone #:
Parent/Guardian:		MaineCare ID #:		
Pharmacy Name:		Pharmacy Location	1:	
A. Medical Formula/Nutritional Products				
Infant Formula 12 months +		Diagnosis*		Notes
□ Neosure □ Alimentum □ Nutramigen □ PediaSure Peptid □ Pregestimil □ Elecare □ PurAmino Jr □ Neocate Jr □ PurAmino □ Special Care 20 □ Enfamil Pre 20 □ Special Care 24 □ Enfamil 24 □ Similac 24 □ Similac PM 60/40 □ Enfaport □ 3232A □ Enfamil AR	Cer Cer Cer Cys	ematurity rebral Palsy stic Fibrosis w/Very Low Birth Weig sinophilic Esophagitis lure to Thrive alabsorption lk Allergy st/Motor Feeding Issue velopmental Delay ort Bowel Syndrome y Allergy be Feeding her (specify):	into voi ht qua wit cor Pro	Veight gain, loss, or maintenance; rash; olerance; fussiness; colic; spitting up; miting; gas; or constipation does not alify for WIC issued medical formula thout a specified underlying medical ndition. Devider Notes:
The Maine CDC WIC Nutrition Program issues o standard cow's milk or soy formulas. The curre Similac Total Comfort. These do not require the	nt contract formu	las include: Similac Ad		=
. Amount and Duration				
Prescribed ounces or cc/day:				
Duration: ☐ Until first birthday ☐ Month	s of age	□ Other		☐ Discontinue prescribed formula
upplemental Foods				
Foods to be omitted in patient's diet: ☐ None'	* □ Omit:			
□ WIC Registered Dietitian may assess for and transition to whole milk at 12 months, discontine this checkbox is not selected, WIC must have we "If "None" is checked, WIC staff may make eliginary make	I provide approprousing the series of prescribing and the series of prescribing the series of the se	oed formula after 12 m on from HCP to provide	nonths, and all e foods.	eligible food package substitutions). I
Healthcare Provider Credential				
Signature:		Date:		