

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

**All requests are subject to WIC approval which is based on program policies and procedures.*

Required Patient Information												
Last Name:		First Name:		DOB:								
Parent/Caregiver's Name:												
Qualifying Condition/Diagnosis/ICD-10 Code: <i>(list here)</i>												
Allergy, confirmed [cow's milk protein, soy] (L27.2) 353		Failure to Thrive (C-R62.51, W-R62.7) 134										
Developmental Sensory/Motor Delays (R62.50) 362		Intestinal Malabsorption (K90.0) 342										
Gastroesophageal Reflux (K21.9) 342		Low Birth Weight (P07.10) 141										
Inadequate Growth (R62.50) 135		Metabolic Disorders (E88.9) 351										
Lactose Intolerance (E73.9) 355		Prematurity (P07.10) 142										
Low Maternal Weight Gain (O26.11-13) 131		Other:										
Underweight (R63.6) 101 or 103												
**NOT ALLOWED: Constipation, diarrhea, unconfirmed allergies, managing body weight, lactose intolerance symptoms, or growth concerns <u>UNLESS</u> there is an underlying medical condition.												
Measurements												
Date:	Length/Height:	Weight:	If Premature, Birth Weight:	Weeks Gestation:								
Name of Formula (from options on reverse side) Write in Formula name below												
Requested Length of Issuance												
<i>**Maximum allowed by federal guidelines of 6 months will be issued unless otherwise indicated.</i>												
1 Month <input type="checkbox"/>	3 Months <input type="checkbox"/>	6 Months <input type="checkbox"/>	Formula Amount _____ per day*									
<i>*Maximum amount allowed by federal guidelines (for infant/child age and feeding type) will be provided <u>UNLESS</u> a decreased amount is indicated here.</i>												
Infants (6-12 Months Old)		Children (1-5 Years Old) and Women										
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 whole milk in addition to formula <input type="checkbox"/> For Milk Allergy: Formula or Goat Milk: Indicate: _____ <input type="checkbox"/> Provide infant foods for cash value fruits and vegetables <input type="checkbox"/> No supplemental foods, provide formula ONLY										
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> Infant Cereal </div> <div style="text-align: center;"> <input type="checkbox"/> Baby Food (Fruit and/or Vegetables) </div> </div>		Check WIC Supplemental Foods to OMIT from Food Package <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Dairy</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> </table>			<input type="checkbox"/> Dairy	<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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Required Health Care Provider Information												
Signature/Stamp of Health Care Provider (MD/DO/PA/CNP):				Date:								
Provider Name (Please Print):		Phone #:	Fax #:	Email:								

Rx Required Drop Ship Issued Formulas	Rx Required Drop Ship Issued Formulas
Boost Kid Essentials 1.0 RTF 8 oz (child)	Pur Amino DHA/ARA Powder 14.1 oz (infant/child)
Boost Kid Essentials 1.5 RTF 8 oz (child)	Pur Amino Toddler Powder 14.1 oz (child)
Boost Kid Essentials 1.5 w /Fiber RTF 8 oz (child)	RCF Ross Carb Free 13 oz 24 cal (infant)
Bright Beginnings Soy RTF 8 oz (child)	Similac PM 60/40 Powder Low Iron 14.1 oz (infant/child)
Compleat Pediatric RTF 8.45 oz (child)	Similac Special Care RTF 2 oz 30 cal (infant)
Elecare DHA/ARA Powder 14.1 oz (infant/child)	Suplena Carb Steady RTF 8 oz (child)
Elecare Jr. Powder 14.1 oz (child)	Rx Required WIC Card Issued Formulas (Purchased at WIC Authorized Stores)
Enfamil Enficare Neuropro RTU 2oz 22 cal (infant/child)	Boost Plus RTF 8 oz 45 cal (woman/child)
Enfamil Premature Hi Pro RTF 2 oz 24 cal (infant)	Boost Kid Essentials 8.25 oz (child)
Enfamil Premature RTF 2 oz 24 cal (infant)	Enfamil AR Powder 12.9 oz (infant/child)
Enfamil EnfaPort RTF 6 oz 30 cal (infant)	Enfamil Enficare Neuropro Powder 12.8 oz 22 cal (infant/child)
Gerber Extensive HA 14.1 oz (infant)	Enfamil Enfagrow Toddler Milk Flavor 24 oz powder 23 cal (child)
Hominex-1 Powder 14.1 oz 30 cal (infant)	Enfamil Enfagrow Toddler Next Step RTF 8 oz (child)
Hominex-2 Powder (child)	Ensure RTF 8 oz (women)
Ketocal 4.1 RTF 8 oz (infant/child)	Ensure High Protein RTF 8 oz (women)
Ketocal 4:1 Powder 11 oz (infant/child)	Neosure Expert Care Powder 13.1 oz 22 cal (infant/child)
Neocate DHA/ARA Powder 14.1 oz (infant/child)	Nutramigen w/Enflora LGG Powder 12.6 oz (infant/child)
Neocate Jr. Powder 14 oz (child)	Pediasure RTF 8 oz 30 cal (child)
Neocate Jr. w/ Prebiotics Powder 14 oz (child)	Pediasure w/ Fiber RTF 8 oz 30 cal (child)
Neocate Splash RTF 8 oz (child)	Similac Alimentum Powder 12.1 oz (infant/child)
Neocate Syneo w /Pre & Probiotics 14.1 oz (infant/child)	Similac Alimentum RTF 32 oz (infant/child)
Neosure RTF 32 oz (infant/child)	
Nutramigen Concentrate 13 oz (infant/child)	
Nourish Organic Whole Foods Meal Replacement 12 oz (woman/child)	Standard Milk and Soy WIC Card Issued Formulas No RX required for Infants, RX is required for Children
Nutramigen Enflora LGG Toddler Powder 12.6 oz (child)	
Nutramigen RTF 32 oz (infant/child)	
Nutren Jr. RTF 8.45 oz (child)	Gerber GS Gentle Powder 12.7 oz (infant/child)
Nutren Jr. w/ Fiber RTF 8.45 oz (child)	Gerber GS GentlePro RTF 33.8 oz (8.45 oz. 4pk.) (infant/child)
Pediasure 1.5 cal RTF 8 oz 44 cal (child)	Gerber GS GentlePro Concentrate 8.1 oz (infant/child)
Pediasure 1.5 cal w/ Fiber RTF 8 oz 44 cal (child)	Gerber GS Soy Powder 12.9 oz (infant/child)
Pediasure Enteral/Fiber scFOS 1.0 RTF 8 oz 30 cal (child)	Gerber GS Soy RTF 33.8 oz (8.45 oz. 4 pk) (infant/child)
Pediasure Peptide 1.0 RTF 8 oz 30 cal (child)	Gerber GS Soy Concentrate 8.1 oz (infant/child)
Pediasure Peptide 1.5 RTF 8 oz 45 cal (child)	Gerber GS Soothe Powder 12.4 oz (infant/child)
Peptamen Jr. RTF 8.45 oz (child)	<i>* Federal Regulations require all WIC programs to obtain a formula rebate contract for cost containment. NM WIC contracts with Nestle Infant Nutrition as of October 1st, 2018.</i>
Peptamen Jr. w/ Fiber RTF 8.45 oz (child)	
Peptamen Jr. 1.5 RTF 8.45 oz (child)	
Peptamen Jr. with Prebio1 8.45 oz (child)	<i>Available formulas are subject to change. Please visit www.nmwic.org for the current version of this form. Click on Health & Community Partners → Healthcare Providers. Healthcare Providers New Mexico WIC (nmwic.org)</i> <i>Then, under "Medical Formulas", you will find the button that allows you to download the Rx.</i>
Periflex Infant DHA/ARA Powder 14 oz (infant)	
Periflex Jr. Plus (child)	
Phenylade Essentials Powder (child)	
Pregestimil RTF 2 oz 24 cal (infant)	
Pregestimil Powder 16 oz (infant/child)	This institution is an equal opportunity provider.