



New Mexico WIC Medical Request for Formula and/or Food



**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: (list here)				
Allergy, confirmed [cow's milk protein, soy] (L.27.2) 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 UNLESS there is an underlying medical condition.**

**Measurements**

Date:	Length/Height:	Weight:	If Premature, Birth Weight:	Weeks Gestation:
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**Name of Formula (from options on reverse side) Write in Formula name below**

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**Requested Length of Issuance**  
 \*\*Maximum allowed by federal guidelines of 6 months will be issued unless otherwise indicated.

<b>1 Month</b> <input type="checkbox"/>	<b>3 Months</b> <input type="checkbox"/>	<b>6 Months</b> <input type="checkbox"/>	Formula Amount _____ per day*
*Maximum amount allowed by federal guidelines (for infant/child age and feeding type) will be provided UNLESS a decreased amount is indicated here.			

<b>Infants (6-12 Months Old)</b>	<b>Children (1-5 Years Old) and Women</b>
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<p>Full amount of formula and infant foods will be given UNLESS checked below.</p> <p><input type="checkbox"/> Provide only formula past 6 months of age due to inability or delay in consuming solid foods.</p> <p><b>Check WIC Supplemental Food to OMIT at 6 months of age</b></p> <table border="1"> <tr> <td><input type="checkbox"/> Infant Cereal</td> <td><input type="checkbox"/> Baby Food (Fruit and/or Vegetables)</td> </tr> </table>	<input type="checkbox"/> Infant Cereal	<input type="checkbox"/> Baby Food (Fruit and/or Vegetables)	<p>All appropriate WIC foods, will be issued with a prescribed formula UNLESS checked below.</p> <p><input type="checkbox"/> Provide whole milk in addition to formula</p> <p><input type="checkbox"/> For Milk Allergy: Formula or Goat Milk: Indicate: _____</p> <p><input type="checkbox"/> Provide infant foods for cash value fruits and vegetables</p> <p><input type="checkbox"/> No supplemental foods, provide formula ONLY</p> <p><b>Check WIC Supplemental Foods to OMIT from Food Package</b></p> <table border="1"> <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
Alfamino Infant 14.1 oz (infant)	Pur Amino DHA/ARA Powder 14.1 oz (infant/child)
Alfamino Junior 14.1 oz (child)	Pur Amino Toddler Powder 14.1 oz (child)
Boost Kid Essentials 1.0 RTF 8 oz (child)	RCF Ross Carb Free 13 oz 24 cal (infant)
Boost Kid Essentials 1.5 RTF 8 oz (child)	Similac PM 60/40 Powder Low Iron 14.1 oz (infant/child)
Boost Kid Essentials 1.5 w /Fiber RTF 8 oz (child)	Similac Special Care RTF 2 oz 30 cal (infant)
Bright Beginnings Soy RTF 8 oz (child)	Suplena Carb Steady RTF 8 oz (child)
Compleat Pediatric RTF 8.45 oz (child)	
Elecare DHA/ARA Powder 14.1 oz (infant/child)	
Elecare Jr. Powder 14.1 oz (child)	<b>Rx Required WIC Card Issued Formulas</b>
Enfamil Enfacare Neuropro RTU 2oz 22 cal (infant/child)	(Purchased at WIC Authorized Stores)
Enfamil Premature Hi Pro RTF 2 oz 24 cal (infant)	Boost Plus RTF 8 oz 45 cal (woman/child)
Enfamil Premature RTF 2 oz 24 cal (infant)	Boost Kid Essentials 8.25 oz (child)
Enfamil Enfaport RTF 6 oz 30 cal (infant)	Enfamil AR Powder 12.9 oz (infant/child)
Gerber Extensive HA 14.1 oz (infant)	Enfamil Enfacare Neuropro Powder 12.8 oz 22 cal (infant/child)
Hominex-1 Powder 14.1 oz 30 cal (infant)	Enfamil Enfagrow Toddler Milk Flavor 24 oz powder 23 cal
Hominex-2 Powder (child)	Enfamil Enfagrow Toddler Next Step RTF 8 oz (child)
Ketocal 4.1 RTF 8 oz (infant/child)	Ensure RTF 8 oz (women)
Ketocal 4:1 Powder 11 oz (infant/child)	Ensure High Protein RTF 8 oz (women)
Neocate DHA/ARA Powder 14.1 oz (infant/child)	Neosure Expert Care Powder 13.1 oz 22 cal (infant/child)
Neocate Jr. Powder 14 oz (child)	Nutramigen w/Enflora LGG Powder 12.6 oz (infant/child)
Neocate Jr. w/ Prebiotics Powder 14 oz (child)	Pediasure RTF 8 oz 30 cal (child)
Neocate Splash RTF 8 oz (child)	Pediasure w/ Fiber RTF 8 oz 30 cal (child)
Neocate Syneo w /Pre & Probiotics 14.1 oz (infant/child)	Similac Alimentum Powder 12.1 oz (infant/child)
Neosure RTF 32 oz (infant/child)	Similac Alimentum RTF 32 oz (infant/child)
Nourish Organic Whole Foods Meal Replacement 12 oz	
Nutramigen Concentrate 13 oz (infant/child)	<b>Standard Milk and Soy WIC Card Issued Formulas</b>
Nutramigen Enflora LGG Toddler Powder 12.6 oz (child)	<b>No RX required for Infants, RX is required for Children</b>
Nutramigen RTF 32 oz (infant/child)	Gerber GS Gentle Powder 12.7 oz (infant/child)
Nutren Jr. RTF 8.45 oz (child)	Gerber GS GentlePro RTF 33.8 oz (8.45 oz. 4pk.) (infant/child)
Nutren Jr. w/ Fiber RTF 8.45 oz (child)	Gerber GS GentlePro Concentrate 8.1 oz (infant/child)
Pediasure 1.5 cal RTF 8 oz 44 cal (child)	Gerber GS Soy Powder 12.9 oz (infant/child)
Pediasure 1.5 cal w/ Fiber RTF 8 oz 44 cal (child)	Gerber GS Soy RTF 33.8 oz (8.45 oz. 4 pk) (infant/child)
Pediasure Enteral/Fiber scFOS 1.0 RTF 8 oz 30 cal (child)	Gerber GS Soy Concentrate 8.1 oz (infant/child)
Pediasure Peptide 1.0 RTF 8 oz 30 cal (child)	Gerber GS Soothe Powder 12.4 oz (infant/child)
Pediasure Peptide 1.5 RTF 8 oz 45 cal (child)	
Peptamen Jr. RTF 8.45 oz (child)	<p><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 1<sup>st</sup>, 2018.</i></p> <p><i>Available formulas are subject to change. Please visit <a href="http://www.nmwic.org">www.nmwic.org</a> for the current version of this form. Click on Health &amp; Community Partners → Healthcare Providers. <a href="http://www.nmwic.org">Healthcare Providers   New Mexico WIC (nmwic.org)</a></i></p> <p><i>Under "Medical Formulas", there is a button that allows you to download the Rx.</i></p>
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)	
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)	<b>This institution is an equal opportunity provider.</b>