

Isleta WIC Medical Request for Formula and/or Food



Directions: Please complete **all** sections and return this form to the participants WIC Clinic. Fax is ok.

Office #(505) 869-2662, Fax #(505) 869-7571

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

Required Patient Information				
Last Name:		First Name:		DOB:
Parent/Caregiver's Name:				
Qualifying Condition/Diagnosis/ICD-10 Code: (Check Below)				
Allergy, confirmed [cow's milk protein, soy] (L27.2) 353		Autoimmune Disorder (M35.9) 352		
Cancer (C80.1) 347		Cerebral Palsy (G80.9) 348		
Congenital Anomaly, Respiratory (Q34.9) 360		Congenital Heart Disease (Q24.9) 360		
Developmental Sensory/Motor Delays (R62.50) 362		Failure to Thrive (C-R62.51, W-R62.7) 134		
Gastroesophageal Reflux (K21.9) 342		Immunodeficiency (D84.9) 352		
Inadequate Growth (R62.50) 135		Intestinal Malabsorption (K90.0) 342		
Lactose Intolerance (E73.9) 355		Low Birth Weight (P07.10) 141		
Low Maternal Weight Gain (O26.11-13) 131		Metabolic Disorders (E88.9) 351		
Neuromuscular Disorder (G70.9) 349		Prematurity (P07.10) 142		
Pyloric Stenosis (K31.1) 342		Seizure Disorder w/ Ketogenic Diet (G40.909) 348		
Underweight (R63.6) 101 or 103		Other/Explanation:		
**NOT ALLOWED: Constipation, diarrhea, unconfirmed allergies, managing body weight, lactose intolerance symptoms, or growth concerns UNLESS there is an underlying condition.				
Measurements				
Date:	Length/Height:	Weight:	If Premature, Birth Weight:	Weeks' Gestation:
Name of Formula(s) (If not on reverse side)				
Requested Length of Issuance				
**Maximum allowed by federal guidelines of 6 months will be issued unless otherwise indicated.				
1 Month <input type="checkbox"/>	3 Months <input type="checkbox"/>	6 Months <input type="checkbox"/>	Formula Amount _____ per day*	
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"/> Omit whole milk <input type="checkbox"/> For Milk Allergy: Formula or other: _____ <input type="checkbox"/> Provide infant foods for cash value fruits and vegetables <input type="checkbox"/> No supplemental foods, provide formula ONLY Check WIC Supplemental Foods to OMIT from Food Package		
<input type="checkbox"/> Infant Cereal	<input type="checkbox"/> Baby Food (Fruit and/or Vegetables)	<input type="checkbox"/> Dairy <input type="checkbox"/> Eggs	<input type="checkbox"/> Peanut Butter <input type="checkbox"/> Beans	<input type="checkbox"/> Cereal <input type="checkbox"/> Whole Grains <input type="checkbox"/> Juice <input type="checkbox"/> Fruits/Veg
Required Health Care Provider Information				
Signature/Stamp of Health Care Provider (MD/DO/PA/CNP):				Date:
Provider Name (Please Print):		Phone #:	Fax #:	
Provider allows WIC Nutritionist or RD to select or advise on appropriate foods: Yes _____ No _____				

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Special Formula	
Alimentum Powder 12.1 oz	Enfamil NEUROPRO Sensitive PWD
Alimentum RTF 32 oz	Comforts Sensitivity PWD 22.5 OZ
Boost Kid Essentials 1.5 cal	Enfamil NEUROPRO Gentlease PWD
Boost Kid Essentials 1.5 cal w/fiber	Enfamil NEUROPRO Gentlease 32 OZ RTF
Boost Plus RTF 8 oz BTL-6 PK	Similac 360 Total Care PWD
Elecare Powder 14.1 oz	Similac Pro-Advance
Enfacare Lipil RTU 32 oz	Similac Pro-Sensitive
Enfamil AR Lipil Powder 12.9 oz	Similac Pro-Total Comfort
Enfamil Gentlease 12.4 oz Powder	Similac 360 Total Care Sensitive 32OZ RTF
Enfamil Gentlease RTU 32 oz	Similac 360 Total Care 32 OZ RTF
Enfamil Infant 13 oz Concentrate	Gerber Good Start Gentle PWD
Enfamil Infant Powder 12.5 oz	Gerber Good Start GentlePro PWD
Enfamil Infant RTU 32 oz	Gerber Good Start SoothePro PWD
Enfamil Lipil 24 cal 2oz	Gerber Good Start Soy PWD
Enfamil Lipil AR RTU 32 oz	Comforts Soy 22 OZ PWD
Enfamil Neuropro Enfacare Powder 13.6 oz	
Enfamil Premature Lipil 24 cal 2 oz	No RX is required for infants under 12 months for the formulas listed below:
Enfamil Prosobee Lipil Concentrate 13 oz	Similac Advance Powder 12.4 oz
Enfamil Prosobee Lipil Powder 12.9 oz	Similac Sensitive Powder 12.5 oz
Enfamil Prosobee Lipil w/iron RTU 32 oz	Similac Soy Isomil Powder 12.4 oz
Enfamil Reguline 12.4 oz Powder	Similac Total Comfort Powder 12.6 oz
Ensure RTF 8 oz	
Ensure w/Fiber RTF 8 oz	*If you need a formula not listed here, please call our office.
Isomil Advance Concentrate 13 oz	This institution is an equal opportunity provider
Isomil Advance RTF 32 oz	
Neocate DHA/ARA Powder 14.1 oz	Formula Sizes may vary.
Neocate Jr Powder 400g	
Neocate Powder 14 oz	
Neosure Powder 13.1 oz	
Neosure RTF 32 oz	
Nutramigen Lipil Concentrate 13 oz	
Nutramigen Lipil RTF 32 oz	
Nutramigen Lipil w/Enflora LGG 12.6 oz	
Pediasure RTF 8oz	
Pediasure w/Fiber RTF 8 oz	
Peptamen Jr RTF 8.45 oz	
Progestimil Lipil Powder 16 oz	
Similac Advance w/Iron Concentrate 13 oz	
Similac Advace RTU 32 oz	
Similac PM 60/40 Powder Low Iron	
Similac Sensitive RTF 32 oz	
Enfamil NEUROPRO Infant PWD	
Enfamil NEUROPRO Infant RTF 32 OZ	