



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

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		Failure to Thrive (C-R62.51, W-R62.7) 134		
Congenital Anomaly, Respiratory (Q34.9) 360		Intestinal Malabsorption (K90.0) 342		
Developmental Sensory/Motor Delays (R62.50) 362		Low Birth Weight (P07.10) 141		
Gastroesophageal Reflux (K21.9) 342		Metabolic Disorders (E88.9) 351		
Inadequate Growth (R62.50) 135		Other/(w/ICD 10):		
Lactose Intolerance (E73.9) 355				
Low Maternal Weight Gain (O26.11-13) 131				
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:
Name of Formula(s) (If not marked on reverse side)				
Requested Length of Issuance				
**Maximum allowed by federal guidelines of 6 months will be issued unless otherwise indicated.				
<input type="checkbox"/> 1 Month	<input type="checkbox"/> 3 Months	<input type="checkbox"/> 6 Months	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 unless checked below.		All appropriate WIC foods, will be issued with a prescribed formula unless 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"/> For Milk Allergy: Formula or other: Indicate: _____ <input type="checkbox"/> Provide infant foods for cash value fruits and vegetables <input type="checkbox"/> No supplemental foods, provide formula ONLY		
<input type="checkbox"/> Infant Cereal	<input type="checkbox"/> Baby Food (Fruit and/or Vegetables)	Check WIC Supplemental Foods to OMIT from Food Package		
<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	
Required Health Care Provider Information				
Signature/Stamp of Health Care Provider (MD/DO/PA/CNP):				Date:
Provider Name (Please Print):		Phone #:	Fax #:	

Isleta WIC Medical Request for Formula and/or Food



Special Formula RX REQUIRED	
Alimentum Powder 12.1 oz	Similac Advance RTF 32 oz
Alimentum RTF 32 oz	Similac PM 60/40 Powder Low Iron 14.1 oz
Boost Kid Essentials 1.5 cal	Similac Pro-Advance*
Boost Kid Essentials 1.5 cal w/ fiber	Similac Pro-Sensitive*
Boost Plus RTF 8oz BTL - 6PK	Similac Soy Isomil RTF 32 oz
Elecare Powder 14.1 oz	Similac Pro-Total Comfort*
Enfamil A.R. Lipil Powder 12.9 oz	Similac Sensitive RTF 32 oz
Enfamil Gentlease Powder 12.4 oz	Similac 360 Total Care Powder*
Enfamil Gentlease RTU 32oz	Similac 360 Total Care Sensitive 8 oz RTF
Enfamil Infant Concentrate 13oz	Similac 360 Total Care Sensitive 32 oz RTF
Enfamil Infant Powder 12.5 oz	Similac 360 Total Care 8 oz RTF
Enfamil Infant RTU 32 oz	Similac 360 Total Care 32 oz RTF
Enfamil Lipil 24 cal 2 oz	
Enfamil Lipil AR RTU 32 oz	No RX is required for infants under 12 months for the formulas listed below:
Enfamil Neuropro Infant Powder*	Similac Advance Powder 12.4 oz
Enfamil Neuropro Infant RTF 32 oz	Similac Advance w/Iron Concentrate 13 oz
Enfamil Neuropro Enfacare Powder 13.6 oz	Similac Sensitive Powder 12.5 oz
Enfamil Neuropro Gentlease Powder*	Similac Soy Isomil Powder 12.4 oz
Enfamil Neuropro Gentlease RTF 32 oz	Similac Soy Isomil Concentrate 13 oz
Enfamil Neuropro Sensitive Powder*	Similac Total Comfort Powder 12.6 oz
Enfamil Premature Lipil 24 cal 2 oz	
Enfamil Prosobee Lipil Concentrate 13 oz	*If you need a formula not listed here, please call our office.
Enfamil Prosobee Lipil Powder 12.9 oz	
Enfamil Prosobee Lipil w/iron RTU 32 oz	*Formula Sizes may vary.
Enfamil Reguline 12.4 oz Powder	
Ensure RTF 8 oz	<small>Available formulas are subject to change. Please visit https://www.isletapueblo.com/tribal-programs/wic-woman-infants-children/ for current version of this form. Scroll down to additional resources at bottom of page and click on Isleta WIC Medical Request for Formula/Food Form</small>
Ensure w/Fiber RTF 8 oz	
Gerber Good Start Gentle Powder*	
Gerber Good Start GentlePro Powder *	
Gerber Good Start SoothePro Powder *	
Gerber Good Start Soy Powder *	
Neocate DHA/ARA Powder 14.1 oz	
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	

* This institution is an equal opportunity provider.