|  |  |  |
| --- | --- | --- |
| Healthcare Provider: | Return form to: | |
| Address: |
| Phone: Fax: |
| Provider DEA: |
| Patient’s Name: | Date of Birth: / / | Phone #: |
| Parent/Guardian: | MaineCare ID #: | |
| Pharmacy Name: | Pharmacy Location: | |

**A. Medical Formula/Nutritional Products:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Infant Formula** | **12 months +** | **Diagnosis\*** | **Notes** |
| * Enfamil Enfacare * Neosure * Alimentum * Nutramigen * Pregestimil * Elecare * Neocate * PurAmino * Special Care 20 * Enfamil Pre 20 * Special Care 24 * Enfamil 24 * Similac 24 * Similac PM 60/40 * Enfaport * 3232A | * Nutramigen Toddler * Pediasure Peptide 1.0 * Pediasure Peptide 1.5 * Elecare Jr. * PurAmino Jr * Neocate Jr * PediaSure G & G * Pediasure 1.5 * Pediasure Sidekicks * PedisaSure 1.0 * 3232 A * Portagen | * Prematurity * Cerebral Palsy * Cystic Fibrosis * Low/Very Birth Weight * Eosinophilic Esophagitis * Failure to Thrive * Malabsorption * Milk Allergy * Oral/Motor Feeding Issue or Developmental Delay * Short Bowel Syndrome * Soy Allergy * Tube Feeding * Other (specify): | \*Weight gain, loss, or maintenance; rash; intolerance; fussiness; colic; spitting up; vomiting; gas; or constipation does **not** qualify for WIC issued medical formula without a specified underlying medical condition.  Provider Notes: |
| Other Formula Requested (include justification if similar formula is listed above): | | | |
| The Maine CDC WIC Nutrition Program issues only contract infant formula for partially breastfed or non-breastfed infants who are using standard cow’s milk or soy formulas. The current contract formulas include: **Similac Advance, Similac Isomil, Similac Sensitive, Similac Total Comfort,** and **Similac for Spit-Up.** These do not require the use of this form. | | | |

**B. Amount and Duration:**

|  |
| --- |
| Prescribed ounces or cc/day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Duration: 🞏 Until first birthday 🞏 Months of age \_\_\_\_\_\_\_ 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Discontinue prescribed formula |

|  |
| --- |
| **Foods to be omitted in patient’s diet: 🞏** None **🞏** Omit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **🞏** **WIC Registered Dietitian may assess for and provide appropriate WIC foods** (such as provision of infant solids at 6 months of age, transition to whole milk at 12 months, and discontinuation of prescribed formula after 12 months) to my patient receiving a prescribed formula. If this checkbox is not selected, WIC must have written authorization from HCP to provide foods.  **🞏 Whole Milk for child > 24 months or woman** (must also be prescribed medical formula for qualifying medical condition) |

|  |  |
| --- | --- |
| **Signature:** | **Date:** |

**Supplemental Foods:  
C. Healthcare Provider Credential**