

Texas WIC Medical Request for Formula & Food

Directions for filling out form

To request a formula that requires medical documentation, fill out the prescription form on the reverse side completely and sign. Fax this completed form to the WIC clinic or have your patient return it to their WIC clinic.

WIC Program Information

Federal regulations require all WIC programs obtain formula rebate contracts to help contain costs. Starting October 1, 2017, Abbott Nutrition will have the formula contract for both milk-based and soy-based formulas. Please review the table below:

Contract Formulas (20 cal/oz): No prescription required for infants < 12 months of age	Contract Formulas (19 cal/oz): Prescription always required
Similac Advance Similac Soy Isomil	Similac Sensitive Similac for Spit-Up Similac Total Comfort

All formulas for children (> 12 months of age) and women require medical documentation. All formulas other than those listed and described above require medical documentation. WIC is a supplemental food program. Infants who are not receiving breastmilk may require more formula than WIC is able to provide.

Breastfeeding Support Resources

ALL Texans may seek **FREE** lactation support and advice from our four lactation support centers or the 24/7 Texas Lactation Support Hotline at 855-550-6667. Health-care providers are also encouraged to utilize these resources.

Texas Lactation Support Centers	
Austin Mom's Place 8701-B Research Blvd. 512-972-6700 www.momsplace.org	Houston The Lactation Foundation 2636 S Loop W Freeway, Suite 135 713-500-2800, option 1 www.lactationfoundation.org
Dallas Lactation Care Center of Dallas 2600 North Stemmons Freeway, Suite 190 214-670-7222 www.lactationcarecenterdallas.com	McAllen The Lactation Care Center RGV 3001 N 23 St, Suite 2 956-292-7711 www.co.hidalgo.tx.us/LCCRGV

The American Academy of Pediatrics and Centers for Disease Control and Prevention recommend breastfeeding until one year of age and beyond. WIC offers access to nutritious foods, Registered Dietitians, and breastfeeding help and support through peer counselors, and International Board Certified Lactation Consultants.

WIC can help your patient with:

- Feeding positions and latch troubles
- Painful breasts or sore nipples
- Breastfeeding premature or special needs babies
- Perceived and/or actual low milk supply

Additional Texas WIC Online Resources:

Please visit <http://www.texaswic.org>. Here you will find:

- Texas WIC Medical Request for Formula/Food form
- Texas WIC Metabolic Request for Formula/Food form
- Texas WIC Formulary

Texas WIC Medical Request for Formula & Food Form

All requests are subject to WIC approval and provision based on policy and procedure.
Please fax this completed form to the WIC clinic or have your patient return it to their WIC clinic.

REQUIRED 1. Patient Information

Patient's Full Name: _____
DOB: _____
Parent/Guardian's Name: _____
Phone: () _____

OPTIONAL 2. Patient Data

Date of Measurements: _____
Length/Height: _____ Weight: _____
If Premature, Birth Weight: _____
Weeks Gestation: _____

REQUIRED 3. Formula Options – Please complete either Option A or Option B below.

Option A – Alternate Contract Formulas:

- Similac Sensitive (lactose sensitivity or colic)
- Similac for Spit-Up (excess spit-up or reflux)
- Similac Total Comfort (digestive issues or colic)

Requested Length of Issuance:
_____ month(s)
*Formula will be issued up to 12 months of age
unless otherwise indicated.*

Formula Amount:
_____ oz. per day
*Maximum allowed may be provided
unless a lesser amount is indicated.*

If none of the formulas in Option A are appropriate for this patient, select a qualifying condition from Option B below.

Option B – Other Formulas:

REQUIRED Qualifying Condition/Diagnosis – Please check all that apply.

Name of Formula: _____	<input type="checkbox"/> cardiovascular condition	<input type="checkbox"/> low maternal weight gain/loss	<input type="checkbox"/> seizure disorder requiring ketogenic diet
Requested Length of Issuance: _____ month(s)	<input type="checkbox"/> developmental delays (sensory and motor)	<input type="checkbox"/> malabsorption syndrome	<input type="checkbox"/> tube feeding
Formula Amount: _____ oz. per day <i>Maximum allowed may be provided unless a lesser amount is indicated.</i>	<input type="checkbox"/> food allergies (cow's milk, soy, or intact protein)/FPIES	<input type="checkbox"/> neurological condition	<input type="checkbox"/> other medical condition: _____
	<input type="checkbox"/> FTT	<input type="checkbox"/> oral motor feeding issues/aversions	
	<input type="checkbox"/> GER/GERD	<input type="checkbox"/> prematurity/LBW	
	<input type="checkbox"/> GI impairment	<input type="checkbox"/> renal disease/low mineral condition	<i>Colic, constipation, spitting up or gas are not qualifying conditions and will not be accepted.</i>
	<input type="checkbox"/> inadequate growth	<input type="checkbox"/> respiratory condition	

OPTIONAL 4. WIC Supplemental Foods: WIC RD/Nutritionist will determine food unless denoted otherwise below.

Infants 6 to 11 months of age:

Check foods to **remove** from food package

- infant cereal
- baby foods

Check if desired:

- formula only, no foods
(due to inability or delay in consuming solids)

Children 12 months of age and older and women:

Check foods to **remove** from food package

- milk yogurt eggs juice peanut butter cheese
- whole grains cereal beans fruits and vegetables

Check if desired:

- provide baby foods and infant cereal
- formula only, no foods

REQUIRED 5. Prescriptive Authority Information (MD, DO, PA-C, NP)

Signature/Stamp: _____ Date: _____

Provider's Name (please print): _____ Facility Name: _____

Phone: () _____ Fax: () _____

For WIC use only

WIC Clinic: _____ Phone: () _____ Fax: () _____



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