



New Mexico WIC Medical Request for Formula/Food

Directions for completing this form and other information are on reverse side.

All requests are subject to WIC approval and provision based on program policy and procedure

A. Required Patient Information

Patient's Last Name: Myra First Name Johnson DOB _____

Parent/Caregiver's Name: _____

Qualifying Condition/Diagnosis/ICD-9code: _____

- Allergy, confirmed [Cow's milk protein, soy] (693.1) 353
 - Autoimmune Disorder (279.4) 352
 - Cerebral Palsy (343.9) 348
 - Cystic Fibrosis (277.00) 360
 - Congenital Anomaly, Respiratory (748.9) 360
 - Congenital Heart Disease (746.9) 360
 - Developmental Sensory/Motor Delays (783.40) 362
 - Failure to Thrive (C-783.41, W-786.7) 134
 - Gastroesophageal Reflux (580.81) 342
 - Immunodeficiency (279.3) 352
 - Inadequate growth(783.40) 135
 - Intestinal Malabsorption (579.9) 342
 - Lactose or Sucrose Intolerance (271.3) 355
 - Low Birth Weight(765.10) 141
 - Low Maternal Wt Gain (646.83) 131
 - Metabolic Disorders (277.9) 351
 - Neuromuscular Disorder (358.9) 349
 - Prematurity (765.10) 142
 - Pyloric Stenosis (537) 342
 - Seizure disorder requiring ketogenic diet (345.90) 348
- Underweight (783.22) Women- 101, Inf/C-103
- Cancer: type: _____ ICD-9 code: _____ 347 Other medical condition: _____ ICD-9 code: _____ 360

*****NOT ALLOWED: constipation, diarrhea, unconfirmed allergies, or for 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 _____

B. Name of Formula(s): _____

Requested length of issuance: 3 months 6months Formula amount: _____ per day*

*Maximum allowed by federal guidelines (6 months) will be provided unless otherwise indicated

Infants (6-12 months old)

Full provision of formula and infant foods will be issued unless checked below

Provide only formula past 6 months of age due to inability or delay in consuming solids

Infants unable to eat and on therapeutic (non-standard) formula may be eligible for an increased amount of formula.

Check WIC Supplemental Food to OMIT at 6 months of age

<input type="checkbox"/> Infant Cereal	<input type="checkbox"/> Baby Food (Fruit &/or Vegetables)
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Children (1-5 years old) and Women

All appropriate WIC foods, except milk, will be issued with prescribed formula unless checked below

- Provide whole milk in addition to formula
- For milk allergy, formula or Goat milk _____
- Provide **infant foods** for cash value fruits/vegetables
- No supplemental foods. Provide formula only

Check WIC Supplemental Foods to OMIT from Food Package

<input type="checkbox"/> Cheese	<input type="checkbox"/> P-nut 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.

C. Required Health Care Provider Information

Signature/stamp of Health Care Provider (MD, DO, PA,NP): _____ Date: _____

Provider's Name (Please Print) _____

Phone No: _____ Fax No: _____

Provider allows WIC Nutritionist or RD to select and advise client on appropriate foods _____

Federal regulations require all WIC programs to obtain a formula rebate contract for cost containment. NM WIC contracts with Nestles, Gerber formulas.

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Directions: For ALL PATIENTS: Complete Sections A
 For MEDICAL FORMULA AND FOOD: Complete Section B
 For HEALTH CARE PROVIDER SIGNATURE: Complete Section C

Please return this form to participant's WIC clinic. (FAX is acceptable)

The following formulas are available from NM WIC (Women, Infants & Children)

Star Medical Issued Formula (Infants & Children)	Standard e-WIC Card Issued Formulas (Women, Infants & Children)	NO RX Needed for Infants under 12 mo
Boost Kid Essentials 1.0 8oz (children)	Alimentum powder 16oz 22 cal/per/oz (infants/children)	
Boost Kid Essentials 1.5 8oz (children)	Alimentum RTF 32oz (infants/children)	
Boost Kid Essentials 1.5 w/fiber 8oz (children)	Boost Kid Essentials 8.25oz – van/choc (children)	
Bright Beginnings Soy RTF 8 oz (children)	Boost Plus RTF 8oz (women and children)	
Elecare DHA/ARA 14.1 oz powder (infants/child)	Enfacare powder 12.8oz 22 cal/per/oz (infants/children)	
Elecare Jr. Vanilla/plain powder 14.1oz (children)	Ensure RTF 8oz (women)	
Enfacare RTF 32oz 22 cal/per/oz (infants/children)	Gerber GS Gentle powder 12.7 oz (infant/child)	X
Enfamil Enfaport RTF 6 oz (infants)	Gerber GS Gentle Conc. 12.1 oz (infant/child)	X
Enfamil Premature 24 cal 2 oz RTF (infants/child)	Gerber GS Gentle RTF 8.45 oz 4pk(infant/child)	X
Enfamil Premature Hi Pro 24 cal 2oz RTF (infants)	Gerber Good Start Gentle for supplementing 12.4 oz (inf/child)	X
Gerber GS Premature 24 cal RTF 3oz (infants)	Gerber Good Start Soothe powder 12.4 oz (inf/child)	X
Hominex 1 powder 14.1oz (infants/children)	Gerber Good Start Soy powder 12.9 oz (infant/child)	X
Hominex 2 powder 14.1 oz(Children)	Gerber Good Start Soy Concentrate 12.1 oz (infant/child)	X
Ketocal 4:1 RTF (children)	Gerber Good Start Soy RTF 8.45 oz 4 pk (infant/child)	X
Monogen powder 14.3oz (infants)	Neosure Expert Care pwd 13.1 oz 22 cal (infant/child)	
Neocate DHA/ARA powder 14.1oz (infant/child)	Nutramigen Enflora pwd 12.6 oz	
Neocate Jr powder 14oz (trop frt,choc,strawbry)	Pediasure RTF 8 oz multiple flavors 6 pk(child)	
Neocate Jr. w/prebiotics 14oz Plain/Van (child)	Pediasure w/fiber RTF 8 oz vanilla(child)	
Neosure RTF 32 oz 22 cal/per/oz (infants)	Gerber Graduates Gentle Toddler pwd 22 oz (children)	
Nutramigen con. 13 oz (infants/children)	Gerber Graduates Protect pwd 22 oz (children)	
Nutramigen RTF 32 oz (infants/children)	Gerber Graduates Soy pwd 24 oz (children)	
Nutramigen Enflora LGG 12.6oz powder (children)		
Nutren Jr. 8.45 oz , Nutren Jr. 8.45 oz w/fiber		
Pediasure 1.5 RTF 8oz (children)		
Pediasure 1.5w/fiber RTF 8oz (children)		
Pediasure w/fiber ScFos Enteral 8oz RTF (child)		
Pediasure Peptide 1.5 8oz RTF (children)		
Neocate Splash 8oz RTF (children)		
Peptamen Jr. 1.0 RTF 8.45oz Tetra pk (children)		
Peptamen Jr. 1.5 RTF 8.45oz Tetra pk (children)		
Periflex powder 14 oz		
Phenex-1 powder 14.1 oz		
Phenex-2 powder 14.1 oz		
Portagen powder 16 oz (infant/children)		
Pregestimil 16oz powder (infant/children)		
PurAmino powder 14.1oz (infants/children)		
Similac PM 60/40 powder (infant/children)	Visit: www.nmwic.org for additional information.	Rev. 2/2/2015
Similac Special Care 30cal 2oz RTF (infant)		

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