Client_________________________________________

BREASTFEEDING: EB FF MBF SBF Mother’s Food Pkg Code:___________
Formula Code: ____________
Infant Food Pkg Code: ____________
Infant Quantity per Issuance Month:* 

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>&lt;1</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
</tr>
</thead>
</table>

*note: Formula issuance screen for infants born on the first day of the month will differ. Omit the <1 month.

FORMULA
☐ Issuing Formula with EBT + Stock for current month
☐ Formula Exchange
☐ Reminder: PRINT SCREEN

<table>
<thead>
<tr>
<th>Formula Code</th>
<th>Name of Formula</th>
<th>Return in Hand</th>
<th>New Qty</th>
<th>Issue from Stock</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

☐ New Formula Name: ______________________________________________  Code: _____________
Rx Expiration Date: ___________________Quantity per month:___________
☐ Change Contract Formula from ___________________ to ___________________  New code: ________

FOOD PACKAGE
☐ New Food Package Code: ____________
☐ Customized Food Package:
Line item Delete the following foods:

Infants (6–11 months)
☐ Infant cereal
☐ Infant food

Children (1–5 Years) and Women
☐ Milk  ☐ Eggs  ☐ Cereal  ☐ Juice  ☐ Beans
☐ Cheese  ☐ Peanut butter  ☐ Whole grain  ☐ Fruits/Vegetables

NEXT APPOINTMENT FOR:   CL  SC  PC  BFPC  RD  OTHER__________   (CIRCLE ONE)
CERTIFYING AUTHORITY INITIALS ____________  DATE:___________________