

**Directions:** Please complete all sections and return this form to the participant's WIC Clinic. Fax is ok.

**\*All requests are subject to WIC approval which is based on program policies and procedures.**

Required Patient Information												
Last Name:		First Name:		DOB:								
Parent/Caregiver's Name:												
Qualifying Condition/Diagnosis/ICD-10 Code: (list here)												
Allergy, confirmed [cow's milk protein, soy] (L27.2) <a href="#">353</a>		Failure to Thrive (C-R62.51, W-R62.7) <a href="#">134</a>										
Developmental Sensory/Motor Delays (R62.50) <a href="#">362</a>		Intestinal Malabsorption (K90.0) <a href="#">342</a>										
Gastroesophageal Reflux (K21.9) <a href="#">342</a>		Low Birth Weight (P07.10) <a href="#">141</a>										
Inadequate Growth (R62.50) <a href="#">135</a>		Metabolic Disorders (E88.9) <a href="#">351</a>										
Lactose Intolerance (E73.9) <a href="#">355</a>		Prematurity (P07.10) <a href="#">142</a>										
Low Maternal Weight Gain (O26.11-13) <a href="#">131</a>		Other:										
Underweight (R63.6) <a href="#">101</a> or <a href="#">103</a>												
<b>**NOT ALLOWED: Constipation, diarrhea, unconfirmed allergies, managing body weight, lactose intolerance symptoms, or growth concerns <u>UNLESS</u> there is an underlying medical condition.</b>												
Measurements												
Date:	Length/Height:	Weight:	If Premature, Birth Weight:	Weeks Gestation:								
Name of Formula (from options on reverse side)												
Requested Length of Issuance												
**Maximum allowed by federal guidelines of 6 months will be issued unless otherwise indicated.												
1 Month <input type="checkbox"/>	3 Months <input type="checkbox"/>	6 Months <input type="checkbox"/>	Formula Amount _____ per day*									
*Maximum amount allowed by federal guidelines (for infant/child age and feeding type) will be provided <u>UNLESS</u> a decreased amount is indicated here.												
Infants (6-12 Months Old)		Children (1-5 Years Old) and Women										
Full amount of formula and infant foods will be given <u>UNLESS</u> checked below.		All appropriate WIC foods, will be issued with a prescribed formula <u>UNLESS</u> checked below.										
<input type="checkbox"/> Provide only formula past 6 months of age due to inability or delay in consuming solid foods.  <b>Check WIC Supplemental Food to <u>OMIT</u> at 6 months of age</b>		<input type="checkbox"/> Provide whole milk in addition to formula <input type="checkbox"/> For Milk Allergy: Formula or Goat Milk: Indicate: _____ <input type="checkbox"/> Provide infant foods for cash value fruits and vegetables <input type="checkbox"/> No supplemental foods, provide formula ONLY <b>Check WIC Supplemental Foods to <u>OMIT</u> from Food Package</b>										
<input type="checkbox"/> Infant Cereal <input type="checkbox"/> Baby Food (Fruit and/or Vegetables)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Dairy</td> <td><input type="checkbox"/> Peanut Butter</td> <td><input type="checkbox"/> Cereal</td> <td><input type="checkbox"/> Juice</td> </tr> <tr> <td><input type="checkbox"/> Eggs</td> <td><input type="checkbox"/> Beans</td> <td><input type="checkbox"/> Whole Grains</td> <td><input type="checkbox"/> Fruits/Veg</td> </tr> </table>			<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
<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 #:									
WIC Use Only												
Approved By/Date:			Expiration:									

Star Medical Issued Formula (Drop Ship order) (Infants & Children)	Standard WIC Card Issued Formulas (Retail Stores) (Women, Infants & Children)
Boost Compact RTU 4 oz. (child)	Boost Plus RTF, 8 oz., 45 cal. (woman/child)
Boost Kid Essentials 1.0 RTF, 8 oz., 30 cal. (child)	Boost Kid Essentials 8.25oz-van/choc (child)
Boost Kid Essentials 1.5 RTF, 8 oz., (infant/child)	Enfamil Enfacare powder, 12.8 oz., 22 cal. (infant/child)
Boost Kid Essentials 1.5 w/fiber RTF, 8 oz. (child)	Enfamil Enfagrow Toddler Milk flavor, 24 oz., 23 cal. (child)
Bright Beginnings Soy RTF, 8 oz., 30 cal. (child)	
Compleat Pediatric RTF, 8.45 oz. 30 cal. (child)	Ensure Original Nutrition Shake RTF, 8 oz. 28 cal. (women)
Gerber Extensive HA 14.1 oz. (infant)	Nutramigen w/Enflora Lgg powder. L 12.6 oz. 20 cal. (inf/child)
Elecare Powder, 14.1 oz., 20 cal. (infant/child)	Pediasure RTF, 8 oz. 30 cal. (child)
Elecare Jr. Powder, 14.1 oz., 30 cal. (child)	
Enfamil Enfacare RTF, 8 oz. 6pk, 22 cal. (infant/child)	Pediasure w/fiber RTF 8 oz. 30 cal. (child)
Enfamil Premature 24 Cal RTF, 2 oz., 24 cal. (infant)	Similac Expert Care Alimentum powder, 12.1oz., 20 cal. (inf/child)
Enfamil Premature Hi Pro 24 Cal RTF, 2 oz., 24 cal. (infant)	Similac Expert Care Alimentum RTF, 32 oz., 20 cal. (inf/child)
Enfamil Enfaport RTF, 6 oz, 30 cal. (infant)	Similac Expert Care Neosure Powder, 13.1 oz., 22 cal. (inf/child)
EO28 Splash (Pediatric EO28) RTF, 8 oz. 30 cal. (child)	
Hominex-1 Powder, 14.1 oz., 30 cal. (infant)	<i>*Federal regulations require all WIC programs to obtain a formula rebate contract for cost containment. NM WIC contracts with Abbott Nutrition/Similac.</i>
Ketocal 4:1 RTF, 8 oz., 30 cal. (child)	
Ketocal 4:1 Powder, 11 oz. (child)	
Monogen Powder 14.3 oz., 22 cal. or 30 cal. (infant)	
Neocate w/DHA/ARA Powder, 14 oz., 20 cal. (infant/child)	<b>Standard Milk and Soy Formulas-NO RX required</b>
Neocate Syneo w/Prebiotics & Probiotics, 14.1oz. (infant/child)	Similac Advance 20 Powder, 12.4 oz. (infant/child)
Neocate Jr. Powder, 14 oz., 30 cal. (child)	Similac Advance 20 RTF, 1 qt. (infant/child)
Neocate Jr. w/Prebiotics Powder, 14 oz., 30 cal. (child)	Similac Advance 20 Concentrate, 13 oz. (infant/child)
Nutramigen Concentrate, 13 oz., 20 cal. (infant/child)	Similac Soy Isomil 20 Powder, 12.4 oz. (infant/child)
Nutramigen RTF, 32 oz., 20 cal. (infant/child)	Similac Soy Isomil 20 RTF, 1 qt. (infant/child)
Nutramigen w/Enflora LGG Toddler Powder, 12.6 oz., 20 cal. (child)	Similac Soy Isomil 20 Concentrate, 13 oz. (infant/child)
Nutren Jr. RTF, & Nutren Jr/Fiber 8.45 oz., 30 cal. (child)	
Pediasure Enteral 1.0 Cal with Fiber RTF, 8 oz., 30 cal. (child)	<p><b>Available formulas are subject to change. Please visit <a href="http://www.nmwic.org">www.nmwic.org</a> for the current version of this form.</b></p> <p><b>Click on the WIC logo and then click on "General Administrative Information". Then, under "Info for Medical Providers", click on New Mexico RX</b></p>
Pediasure 1.5 Cal RTF, 8 oz., 44 cal. (child)	
Pediasure 1.5 Cal w/Fiber RTF, 8 oz., 44 cal. (child)	
Pediasure Peptide 1.5 RTF, 8 oz. 45 cal. (child)	
Peptamen Jr. RTF, 8.45 oz. (child)	
Peptamen Jr. 1.5 RTF, 8.45 oz. (child)	
Portagen Powder 16 oz., 30 cal. (infant/child)	
Pregestimil Powder, 16 oz. 20 cal. (infant/child)	
Pregestimil 24 Cal RTF, 2 oz., 24 cal. (infant)	
PurAmino Powder, 14.1 oz., 20 cal. (infant/child)	
PurAmino Toddler Powder 14.1 oz. (child)	
RCF Ross Carb Free Soy Concentrate, 13 oz., 24 cal. (infant)	
Similac Expert Care Neosure RTF, 32 oz. (infant/child)	
Similac PM 60/40 Powder, 14.1 oz., 20 cal. (infant/child)	
Suplena Carb Steady RTF, 8 oz. (child)	
Similac Special Care 30 with Iron RTF, 2 oz., 30 cal. (infant)	
	This institution is an equal opportunity provider.



## New Mexico WIC Medical Request for Formula and/or Food

