

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) 353		Failure to Thrive (C-R62.51, W-R62.7) 134										
Developmental Sensory/Motor Delays (R62.50) 362		Intestinal Malabsorption (K90.0) 342										
Gastroesophageal Reflux (K21.9) 342		Low Birth Weight (P07.10) 141										
Inadequate Growth (R62.50) 135		Metabolic Disorders (E88.9) 351										
Lactose Intolerance (E73.9) 355		Prematurity (P07.10) 142										
Low Maternal Weight Gain (O26.11-13) 131		Other:										
Underweight (R63.6) 101 or 103												
**NOT ALLOWED: Constipation, diarrhea, unconfirmed allergies, managing body weight, lactose intolerance symptoms, or growth concerns <u>UNLESS</u> there is an underlying medical condition.												
Measurements												
Date:	Length/Height:	Weight:	If Premature, Birth Weight:	Weeks Gestation:								
Name of Formula (from options on reverse side)												
PurAmino Toddler												
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. Check WIC Supplemental Food to <u>OMIT</u> at 6 months of age		<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 Check WIC Supplemental Foods to <u>OMIT</u> from Food Package										
<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)	Standard Milk and Soy Formulas-NO RX required
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>Available formulas are subject to change. Please visit www.nmwic.org for the current version of this form.</p> <p>Click on the WIC logo and then click on "General Administrative Information". Then, under "Info for Medical Providers", click on New Mexico RX</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

