



Women, Infants and Children (WIC) Medical Documentation Form

- This request is subject to WIC approval and provision based on program policy and procedure.
- Please fax or return the completed form to your local WIC clinic.

Local WIC Clinic:
Phone #:
Fax #:
Contact Name:

A. Patient information

Patient's name (Last, First, MI):	DOB:
Parent/Caregiver's name (Last, First, MI):	Phone number:
<input type="checkbox"/> I am requesting a nutrition assessment and consult by the WIC Dietitian/Nutritionist for this patient.	

B. Alternative 19 calorie/ounce infant formulas

1 Provide:	<input type="checkbox"/> Similac Sensitive	<input type="checkbox"/> Similac Total Comfort	<input type="checkbox"/> Similac for Spit-Up
2 Reason: Formula intolerance as evidenced by:			
3 Length of issuance: _____ month(s). Formula will be issued up to 12 months of age unless otherwise indicated.			
4 Prescribed amount: <input type="checkbox"/> WIC clinic staff to decide amount <input type="checkbox"/> provide maximum allowed			

C. Medical formula

1 Name of formula:	<input type="checkbox"/> some or all of the formula is to be provided via tube feeding (Refer to Medicaid)
2 Medical diagnosis or qualifying condition:	
3 Length of issuance: <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> until 12 months of age <input type="checkbox"/> other: _____ (not to exceed 12 months)	
4 Prescribed amount: <input type="checkbox"/> _____ per day OR <input type="checkbox"/> maximum allowable	

D. WIC supplemental foods

All WIC foods will be provided unless indicated below: **OR** ☐ request WIC Nutritionist to determine foods

Infants, 7-12 months Omit: <input type="checkbox"/> Infant cereal <input type="checkbox"/> Infant jarred fruits/vegetables	Children older than 12 months and women: Omit: <input type="checkbox"/> Milk <input type="checkbox"/> Cheese <input type="checkbox"/> Eggs <input type="checkbox"/> Peanut butter <input type="checkbox"/> Other: _____ Include: <input type="checkbox"/> Infant cereal in place of breakfast cereal <input type="checkbox"/> Jarred infant fruits/vegs in place of fresh produce <input type="checkbox"/> Whole milk in place of lower fat for women and children older than 23 months with qualifying medical diagnosis (must be receiving formula--no exceptions) <u>Additional instructions:</u>
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E. Health care provider information

Signature of health care provider:	
Provider's name (please print):	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> ND
Medical office/clinic:	
Phone #:	Fax #:
Date:	

WIC USE ONLY	Date form received	Exp. date:	RDN review (signature & review date):	Formula Warehouse order?	WIC ID:
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Oregon WIC Approved Contract and Non-Contract Formulas

The Oregon WIC Nutrition Program is federally required to obtain a contract for standard infant formulas for cost containment. The current contract is with Abbott Nutrition for milk-based formulas and Gerber for the soy-based formula.

Three of the Abbott alternative standard formulas: Sensitive, Total Comfort and Spit-Up have a standard dilution of 19 kcal/oz. According to USDA WIC regulations, standard infant formulas provided to WIC participants must contain 67 kcals/Liter (20 kcal/ounce). Documentation is required from the health care provider in order to provide the 19kcal/oz alternative standard formulas.

Infant Formulas	Contract 20 kcal/oz formulas: Do not require medical documentation
Similac Advance	Milk-based, 100% lactose
Gerber Good Start Soy	Soy-based, lactose free. Vegan diet. Not indicated for prematurity
Infant Formulas	Alternative contract 19 kcal/oz formulas: Requires medical documentation
Similac Sensitive	Milk-based, 2% lactose. Similar to Gentlease
Similac Total Comfort	Milk-based, 100% whey protein, partially hydrolyzed, 2% lactose. Similar to Gentlease, Soothe
Similac for Spit-Up	Milk-based, Added rice starch, trace lactose. Thickened formulas are not appropriate for premature infants <38 weeks. Similar to Enfamil AR for Spit-Up.

WIC participants with a qualifying medical condition are eligible to receive formulas listed below

Noncontract Infant Formulas	Product characteristics/medical reason for request (standard dilution is 20kcal/oz unless otherwise noted)
EnfaCare/Neosure	22 kcal/oz. Prematurity, birthweight <2000g. Not indicated after 1 year corrected age
Nutramigen/Alimentum /Pregestimil	Extensively hydrolyzed protein. Protein allergy, multiple food allergies. Nutramigen powder contains probiotic LGG, Pregestimil 55% MCT, Alimentum 33% MCT, Nutramigen has no MCT
Elecare Infant/Neocate Infant/PurAmino	Free amino acid. Severe malabsorption, protein/multiple food allergy, GERD, eosinophilic esophagitis (EOE), short bowel syndrome, necrotizing enterocolitis
Enfamil AR for Spit Up	Added rice starch. Uncomplicated GERD. Thickened formulas are not appropriate for premature infants <38 weeks. 20% whey, trace lactose. Similar to Similac for Spit-Up
EnfaPort	30 kcal/oz. Chyllothorax or LCHAD deficiency 84% MCT
Similac PM 60/40	60% whey, low in iron. Lowered mineral level for renal conditions, neonatal hypocalcemia
Noncontract Women & Child Formulas	Product characteristics/medical reason for request
Nutren Jr/ PediaSure Boost Kid Essentials (BKE) 1.0, 1.5	Milk-based. 30kcal/oz; BKE 1.5 is 45kcal/oz. Chronic illness, oral motor dysfunction, conditions which increases caloric needs beyond what is expected for age with functional gut status. Not indicated for picky eating or intake status that can be improved with food
Bright Beginnings Soy	Soy-based, lactose free. 30kcal/oz. Same medical reasons as listed above
PediaSure Peptide Peptamen Jr (1.0, 1.5)	Extensively hydrolyzed protein. 30 kcal/oz. 1.5 version is 45kcal/oz. Protein/multiple food allergies
Elecare Jr., Neocate Jr., E028 Splash	100% free amino acid. 30kcal/oz. Severe protein/multiple food allergy. Splash is lactose, whey, soy and milk protein free. Severe malabsorption, food allergies, multiple protein intolerance, GI impairment (EOE, short bowel syndrome or GERD)
Compleat Pediatric	30 kcal/oz. Blenderized foods for tube feeding-refer patients to Medicaid
Ketocal 3:1 and 4:1	Nutritionally complete, high fat, low carbohydrate (CHO). Seizure disorders
Duocal	42 kcal/Tbsp powder. CHO and fat (35% MCT), no protein, sucrose, fructose or lactose
Monogen/Portagen	30kcal/oz (Monogen may be mixed to 22kcal/oz). Lactose free, 85-90% MCT oil. Chyllothorax.
MCT oil	8.3 kcal/g 100% MCT oil. Fat malabsorption, decreased pancreatic lipase or bile salts
Ensure/Ensure Plus/Boost Plus/Boost High Protein	Women only. 30 kcal/oz. Plus versions: 45 kcal/oz. Medical conditions that increase calorie needs. Boost High Protein provides 15 grams protein per svg. Conditions necessitating increased protein requirements: recovering from surgery, illness, cancers, wounds
Glucerna	Women only. 24kcal/oz. Blend of low glycemic CHO, 10 g protein, 6 g sugar per svg. Diabetes
Suplena CarbSteady	Women only. 54 kcal/oz. Low in protein, lactose free for chronic kidney disease (stage 3, 4)