



# Maryland WIC Program

## Medical Documentation for Formula/Medical Food and Other WIC Foods

- This form is federally required to ensure your patient has a medical diagnosis that requires a formula/medical food or changes to the WIC food package. **Please complete sections 1 - 4. All requests are subject to WIC approval.**
- For referrals or provision of medical data only, please complete applicable sections.

1

**Patient Name:** \_\_\_\_\_ **Patient DOB:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

Medical data:	Weight:	Length/height:	Hgb: Hct:
	Date measured:	Date measured:	Date measured:

2

**Medical Diagnosis:** *(Required)* \_\_\_\_\_

*Non-specific symptoms such as intolerance, fussiness, colic, spitting up, gas, and constipation will NOT be considered indications for a special formula.*

**Current symptom(s):**

- |  |   |
|--|---|
| <input type="checkbox"/> chronic diarrhea          | <input type="checkbox"/> persistent respiratory condition |
| <input type="checkbox"/> chronic/persistent emesis | <input type="checkbox"/> anaphylactic reaction            |
| <input type="checkbox"/> persistent rash           | <input type="checkbox"/> other _____                      |

**WIC formula/medical food requested:** \_\_\_\_\_

*A request for formula for an infant will be considered only when Similac Advance or Similac Sensitive AND Isomil Advance are inappropriate due to medical diagnosis. **Note: WIC does not provide non-contract milk- or soy-based standard infant formulas such as Enfamil, Prosobee, or Good Start products.***

**Amount prescribed per day:** \_\_\_\_\_

**Requested duration:** *(Reauthorization may be required for a duration beyond 6 months.)*

- 1 month  2 months  3 months  6 months  Other \_\_\_\_\_

3

**WIC Food Restrictions/Requests (Check all that apply. This section must be completed.)**

- Request WIC professional to determine WIC food recommendations.
- Request whole milk for child ( $\geq 2$  years of age) for growth-related diagnosis.
- No WIC food restrictions.
- Issue formula or medical food only. Do not issue other WIC foods.
- Do not issue the WIC foods checked below:

**Infant WIC Foods\* DO NOT GIVE**

- Infant cereal
- Infant vegetables/fruit

*\*6 to 12 months of age*

**Woman or Child WIC Foods DO NOT GIVE**

- Milk
- Cheese
- Eggs
- Beans
- Peanut butter ( $\geq$  age 2)
- Cereal
- Whole grain bread, rice, tortillas\*
- Vegetables & fruit
- Fruit juice
- Canned fish\*

*\*See WIC Foods List for details*

**Comments:**

4

Provider name \_\_\_\_\_

Provider phone # \_\_\_\_\_

Provider signature \_\_\_\_\_

*(MD/DO/CNM/CNP/PA with prescriptive authority signature required.)*

Today's date \_\_\_\_\_

**WIC use only:** Date received \_\_\_\_\_

- Request approved  Request denied

CPA Signature \_\_\_\_\_ Date \_\_\_\_\_