

Alabama WIC Child/Woman Formula Prescription

Prescription is subject to WIC Approval Based on Program Policy and Procedure

Date _____

Patient's Name _____ Date of Birth _____

ICD-10 Code and/or Medical Diagnosis _____

Federal Regulations prevent formula issuance solely for the purpose of enhancing nutrient intake or managing body weight with no underlying condition.

Formula Prescribed _____

Amount per day 8ozs (1can QD) 16ozs (1can BID) 24ozs (1can TID) Other*

* Amount per day cannot exceed 30 ounces (maximum issuance allowed by USDA). Monthly clinic visits are required if 30 ounces per day is prescribed.

Intended length of use: 1 2 3 4 5 6 months

- After 6 months a new prescription is required
- If prescription is not renewed, no formula can be issued

Supplemental Food Available: In addition to formula prescribed, the WIC Program may provide supplemental foods as ordered by the health care provider.

Please check all that apply and line through items not allowed.

- | | |
|---|--|
| <input type="checkbox"/> Milk | <input type="checkbox"/> Cereal |
| <input type="checkbox"/> Cheese | <input type="checkbox"/> Peanut butter |
| <input type="checkbox"/> Yogurt | <input type="checkbox"/> Brown Rice/Whole Wheat Bread/
Whole Grain Tortillas (Wheat or
Corn) Whole Wheat Pasta |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Canned or Dry Beans or Peas |
| <input type="checkbox"/> Juice | |
| <input type="checkbox"/> Fresh Fruit/Vegetables | |

Signature of Health Care Provider _____

Health Care Provider's Name (Please Print) _____

Phone (_____) _____ Fax (_____) _____

If you have questions please call your local WIC clinic.

WIC Clinic Use Only

ParticipantID# _____ Date Received _____ Approved by _____

Alabama WIC Child/Woman Formula Prescription (ADPH-WIC-111b) Instructions for Completion of Form

Important – Only this form will be accepted by WIC clinics for special formula requests

Date: Enter date form is being completed.

Participant's Name: Enter name of the participant requiring the special formula.

Date of Birth: Enter the participant's date of birth.

ICD-10 Code and/or Medical Diagnosis: Document the medical diagnosis and/or the corresponding ICD-10 code. The prescription may be accepted if either the medical diagnosis or the ICD-10 code is written. However, the medical diagnosis and/or the ICD-10 code must be a nutrition related medical diagnosis/ICD-10 code.

Formula Prescribed: Enter the name of the special medical formula prescribed.

Amount per Day: Check the box or enter the amount of formula per day. (Maximum issuance per day allowed by USDA is 30 oz.)

Intended length of use: Check the number of months formula is needed. Note that the participant's need for the special formula must be re-evaluated by the health care provider every six (6) months.

Supplemental Foods Available: Mark all WIC foods that participant may consume while receiving special formula. Line through food items not allowed.

Signature of Health Care Provider: The health care provider's signature must be entered.

Provider's Name printed: PRINT name of the health care provider.

Phone: Enter the phone number of the health care provider.

Fax: Enter the fax number of the health care provider.

WIC Clinic Use Only: Information is required to be completed.

Participant #: Enter the participant's participant ID number.

Date Received: Enter the date the clinic receives the prescription form.

Approved by: Enter the name of the person approving the acceptance of the prescription.

NOTE: A health care provider is a Physician or someone working under Physician's orders, such as a Physician Assistant or Nurse Practitioner.