

# WEST VIRGINIA WIC PROGRAM

## PRESCRIPTION FORMULA FORM FOR PRESCRIBED FORMULAS AND FOODS

**Section A:** Complete for Formulas or Nutritionals

**Section B:** Complete to omit specific Supplemental Foods

**Section C:** Completed by a medical professional

**Please fax completed form to WIC Clinic or have Parent/Guardian return to WIC Clinic**

Patient's Full Name: Jana Doe DOB: 3 / 22 / 2022

Parent/Guardian Name: Martha Doe

### A. EXEMPT FORMULA OR WIC-ELIGIBLE NUTRITIONAL

Formula Requested: <u>Similac Alimentum</u>	Prescribed Amount: <u>24 ounces</u> oz./day
Medical Reason/Diagnosis (WIC will not provide formula to enhance nutrient intake or manage body weight without underlying medical condition.) <u>sensitive to intact protein</u>	
Prescribed Form: <input checked="" type="checkbox"/> Powder <input type="checkbox"/> Concentrate <input type="checkbox"/> Ready to Feed	<input checked="" type="checkbox"/> Formula Change or <input type="checkbox"/> Renewal
Time Needed: <input type="checkbox"/> 1 Month <input type="checkbox"/> 2 Months <input type="checkbox"/> 3 Months <input type="checkbox"/> 4 Months <input type="checkbox"/> 5 Months <input checked="" type="checkbox"/> 6 Months	

### B. SUPPLEMENTAL FOODS

In addition to the infant formula/nutritionals, supplemental foods appropriate to the WIC participant category will be provided. Please mark the appropriate boxes below to indicate any foods that would be contraindicated with the patient's diagnosis.

**No supplemental foods at this time:** Omit all supplemental foods and provide formula or nutritionals **ONLY**.

WIC Category	WIC Supplemental Foods Available	Do Not Give	Restrictions/Special Instructions
<b>Infants 6-11 months</b>	Infant Cereal	<input type="checkbox"/>	
	Infant Fruits/Vegetables	<input type="checkbox"/>	
<b>Children and Women</b>  <i>*Please note: Fish is only for fully breastfeeding women, women who are pregnant with multiples and pregnant women who are breastfeeding.</i>	Milk	<input type="checkbox"/>	
	Yogurt	<input type="checkbox"/>	
	Cheese	<input type="checkbox"/>	
	Eggs	<input type="checkbox"/>	
	Juice	<input type="checkbox"/>	
	Breakfast Cereals	<input type="checkbox"/>	
	Legumes and/or Peanut Butter	<input type="checkbox"/>	
	Fruits and Vegetables	<input type="checkbox"/>	
	Whole Grains	<input type="checkbox"/>	
	*Fish	<input type="checkbox"/>	

### C. HEALTH CARE PROVIDER INFORMATION

Health Care Provider's Name: <u>Robert Spock, MD</u>	<span style="border: 1px solid black; padding: 2px;">MD</span>	DO	NP	PA
Medical Office/Clinic: <u>Hilltop Medical Clinic</u>				
Phone Number: <u>304-555-5555</u>		Fax Number: <u>304-555-5556</u>		
Signature of Health Care Provider: <u>Robert Spock, MD</u>			Date: <u>4/20/21</u>	

<b>WIC USE ONLY</b>	Approved by: _____	Date: _____
---------------------	--------------------	-------------

# WEST VIRGINIA WIC PROGRAM

## INSTRUCTIONS FOR THE PRESCRIPTION FORMULA FORM (WIC-53)

This instruction sheet is to help you serve your patients better. Please review these instructions for completing the WIC-53 and if you have any questions, please contact your local WIC clinic.

### PATIENT INFORMATION:

- Include the patient's full name and date of birth (DOB).
- Include the Parent or Guardian's full name.

### SECTION A: EXEMPT FORMULA

*(Including prescribing a contract milk-based or soy-based infant formula to a child)*

- Include the diagnosis for the formula or WIC-Eligible Nutritional that is being prescribed.
- Include the formula requested and indicate the prescribed amount based on the number of ounces of formula currently consumed. This is important, especially for partially breastfed infants.
- Mark which form of formula you are requesting. Understand that not all requests for ready-to-feed (RTF) will be granted.
- Indicate whether it is a formula change or a renewal of the most recent prescription.
- Indicate the time needed from one (1) month up to six (6) months.

### SECTION B: SUPPLEMENTAL FOODS

- If a patient has a medical reason that precludes them from eating additional foods beyond infant formula or a WIC-Eligible Nutritional, mark "No Supplemental foods at this time". Otherwise, mark only the foods that you **DO NOT WANT** included for your patient. WIC will provide the standard allowed amount of each item you prescribe. By marking those foods not allowed, this eliminates the circumstance of a WIC client marking foods that you as the health care provider do not want your patient to have

### SECTION C: HEALTH CARE PROVIDER INFORMATION

- Include the health care provider's name (Please Print).
- Include the medical office/clinic, the phone number and the fax number.
- Include the signature of the health care provider and the date the WIC-53 form was completed.