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:_____DOB:_____/_____/_____

Parent/Guardian Name:_____

A. EXEMPT FORMULA OR WIC-ELIGIBLE NUTRITIONAL

Formula Requested: Prescribed Amount: _____oz./day

Medical Reason/Diagnosis (WIC will not provide formula to enhance nutrient intake or manage body weight without underlying medical condition.)

Prescribed Form: ☐ Powder ☐ Concentrate ☐ Ready to Feed | ☐ Formula Change or ☐ Renewal

Time Needed: ☐ 1 Month ☐ 2 Months ☐ 3 Months ☐ 4 Months ☐ 5 Months ☐ 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
Infants 6-11 months	Infant Cereal	☐	
	Infant Fruits/Vegetables	☐	
Children and Women	Milk	☐	
	Yogurt	☐	
	Cheese	☐	
**Please note: Fish is only for fully breastfeeding women, women who are pregnant with multiples and pregnant women who are breastfeeding.*	Eggs	☐	
	Juice	☐	
	Breakfast Cereals	☐	
	Legumes and/or Peanut Butter	☐	
	Fruits and Vegetables	☐	
	Whole Grains	☐	
	*Fish	☐	

C. HEALTH CARE PROVIDER INFORMATION

Health Care Provider's Name: MD DO NP PA

Medical Office/Clinic:

Phone Number: Fax Number:

Signature of Health Care Provider: Date:

WIC USE ONLY Approved by:_____Date:_____

dhhr.wv.gov/wic

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WEST VIRGINIA Department of Health & Human Resources BUREAU FOR PUBLIC HEALTH

WIC WOMEN, INFANTS, & CHILDREN

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.