

# Alabama WIC Infant Formula Prescription

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

Date \_\_\_\_\_

Infant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

ICD-10 Code and/or Medical Diagnosis \_\_\_\_\_

*Not WIC Approved: Colic, Spitting up, Fussiness, Constipation or Formula Intolerance*

Formula Prescribed \_\_\_\_\_

## Must Indicate Amount Per Day

- Maximum ounces allowed by WIC for Fully Formula Fed Infant  
0-3 mos - 26 fluid oz/day  
4-5 mos - 29 fluid oz/day  
6-12 mos - 20 fluid oz /day

Infant needs lesser amount; amount is \_\_\_\_\_ oz per day

Intended length of use  1  2  3  4  5  6 months

- At 6 months of age a new prescription is required. Exception: In disease/chronic diseases such as but not limited to, inborn errors of metabolism, galactosemia, celiac disease, and cystic fibrosis, the initial prescription is sufficient.

- If the prescription is not renewed, a standard contract formula will be issued.\*

- Re-evaluating the infant's need for a special formula past 6 months of age ensures that WIC funds are utilized in the most cost effective way.

*\*Notice: The standard contract formulas are: Enfamil Infant, Enfamil Gentlease, Enfamil Prosobee, and Enfamil AR Other milk based, soy based and milk based lactose free formulas are not WIC approved.*

## Supplemental Foods

At 6 months of age WIC will issue the following foods unless otherwise indicated.

Infant cereal  Not Allowed  
Infant vegetables and fruits  Not Allowed

This infant (6-12 months of age) is medically fragile, and unable to consume solid food. I authorize additional formula (total 29 oz/day) to meet nutritional needs.

Signature of Health Care Provider \_\_\_\_\_

Provider's Name ( Please print) \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**If you have questions please call your local WIC clinic.**

WIC Clinic Use Only Participant ID# _____	Date Received _____	Approved by _____
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**Alabama WIC Infant Formula Prescription (ADPH-WIC-111a)**  
**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.

**Infant's Name:** Enter name of the infant requiring the non-contract formula.

**Date of Birth:** Enter the infant'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 for the infant.

**Must indicate Amount per Day:** Check the amount of formula allowed by WIC according to infant's age or check if lesser amount is needed and write amount.

**Intended length of use:** Check the number of months formula is needed. Note that the infant's need for the special formula must be re-evaluated by the physician at six (6) months of age.

**Supplemental Foods:** Check if infant is not to receive infant cereal and/or infant vegetables and fruits at 6 months of age. Check if infant is medically fragile and unable to consume solid foods at 6 months of age.

**Signature of Health Care Provider:** The physician's signature must be entered.

**Provider's Name, printed:** PRINT physician's name.

**Phone:** Enter the physician's phone number.

**Fax:** Enter the physician's fax number.

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

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