

Women, Infants and Children (WIC) Medical Documentation

Completion of this form is federally required to ensure that the patient under your care has a medical condition/ diagnosis that requires the use of medical formula, medical food and/or changes to their supplemental food package. This form replaces prescriptions from health care providers.

Please fax the completed form to the WIC clinic or have your patient return the document to the WIC clinic.

WIC Clinic:
Phone #:
Fax #:
Contact Name:

A. Patient information *(Complete all)*

Patient's name (Last, First, MI):	DOB:
Parent/Caregiver's name (Last, First, MI):	
Medical diagnosis/qualifying condition: <small>(Justifies the medical need-Include ICD-9 code if available)</small>	
Medical documentation valid for: <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> Other: _____ (not to exceed 12 months)	

B. Medical formula/Medical food/Soy beverage and WIC supplemental foods *(Complete all that apply)*

Name of medical formula/ medical food: <i>(For issuance of soy beverage complete bottom of Section B only)</i>
Prescribed amount: <input type="checkbox"/> _____ per day OR <input type="checkbox"/> maximum allowable (maximum amounts are listed on back)

Supplemental foods will be issued for patients over six months of age, unless contraindicated. (Foods to be issued are listed on back.) After reviewing the food packages, check the issuance appropriate for your patient:

- All:** Provide the full food package.
- None:** Do not provide supplemental foods at this time; issue medical formula/food only.
- Modified:** The foods indicated below need to be omitted /modified from my patient's WIC food package.

	WIC Participant Category	WIC Supplemental Foods To Omit/ Modify	Special Instructions/ Additional Modifications
M O D I F Y	Infants (7-12 months)	<input type="checkbox"/> Infant cereal <input type="checkbox"/> Infant fruits/vegetables	
	Children (13-60 months) and Women	<input type="checkbox"/> Milk <input type="checkbox"/> Cheese	
		<input type="checkbox"/> Eggs <input type="checkbox"/> Peanut butter	

- Issue whole milk:** WIC provides low fat milk for children ≥ 2 years, and women. Only patients receiving medical formula/foods who require additional calories qualify to receive whole milk.
- Issue WIC-approved soy beverage** as a milk substitute for children (13-60 months) with a specific qualifying condition. (Allowable qualifying conditions: milk allergy, severe lactose intolerance, or vegan diet. Personal preference is not a qualifying condition.)

C. Health care provider information *(Complete all)*

Signature of health care provider:		
Provider's name (please print):	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> ND	
Medical office/clinic:		
Phone #:	Fax #:	Date:

WIC USE ONLY	Approved by:	Date:	WIC ID:
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Maximum Quantities of Medical Formula/Food and Supplemental Foods for Oregon WIC Participants

WIC participants with qualifying medical conditions are eligible to receive medical formula/food **AND** the foods listed below. Foods which are contraindicated for your patient and noted in section B on the front side of this form will be removed/modified from their food package.

For more information on Oregon WIC medical documentation and qualifying conditions go to:

<http://www.oregon.gov/DHS/ph/wic/index.shtml>.

Infants	0-3 months	4-6 months	7-12 months	7-12 months when solids are contraindicated
Medical Formula:				
Powder (reconstituted)	Up to 870 fl. oz.	Up to 960 fl. oz.	Up to 696 fl. oz.	Up to 960 fl. oz.
Concentrate (reconstituted)	Up to 806 fl. oz.	Up to 884 fl. oz.	Up to 624 fl. oz.	Up to 884 fl. oz.
Ready-to-feed	Up to 832 fl. oz.	Up to 896 fl. oz.	Up to 640 fl. oz.	Up to 896 fl. oz.
Infant Foods:				
Infant cereal	none	none	24 oz. infant cereal	none – solids are contraindicated based on medical condition
Baby food fruits and vegetables	none	none	32 – 4 oz. jars baby food fruits and vegetables	none – solids are contraindicated based on medical condition

Children 1-4 years
Up to 910 oz. formula
13 qt. milk
1 lb. cheese
1 doz. eggs
128 oz. juice
36 oz. breakfast cereal
\$6 fruits and vegetables
18 oz. peanut butter OR 16 oz. dried beans
32 oz. whole wheat bread, corn tortillas or brown rice

Fully Breastfeeding Women	Pregnant or Mostly Breastfeeding Women	Non-breastfeeding Women
Up to 910 oz. formula	Up to 910 oz. formula	Up to 910 oz. formula
21 qt. milk	19 qt. milk	13 qt. milk
2 lb. cheese	1 lb. cheese	1 lb. cheese
2 doz. eggs	1 doz. eggs	1 doz. eggs
144 oz. juice	144 oz. juice	96 oz. juice
36 oz. breakfast cereal	36 oz. breakfast cereal	36 oz. breakfast cereal
\$10 fruits and vegetables	\$8 fruits and vegetables	\$8 fruits and vegetables
18 oz. peanut butter AND 16 oz. dried beans	18 oz. peanut butter AND 16 oz. dried beans	18 oz. peanut butter OR 16 oz. dried beans
16 oz. whole wheat bread, corn tortillas or brown rice	16 oz. whole wheat bread, corn tortillas or brown rice	none
30 oz. tuna or salmon	none	none

The following standard infant formulas do not require medical authorization in Oregon:

- Similac Advance
- Similac Isomil
- Similac Sensitive

Oregon WIC cannot provide the following formulas, even with medical documentation:

- Any low iron formula
- Mead Johnson standard infant formulas: Enfamil Lipil, Prosobee Lipil, Gentlease Lipil, Lactofree Lipil, Enfamil Premium