



Women, Infants and Children (WIC) Medical Documentation Form

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

- This request is subject to WIC approval and provision based on program policy and procedure.
- Please fax or return the completed form to your local WIC clinic.

A. Patient information

Patient's name (Last, First, MI):	DOB:
Parent/Caregiver's name (Last, First, MI):	Phone number:
<input type="checkbox"/> I am requesting a nutrition assessment and consult by the WIC Dietitian/Nutritionist for this patient.	

B. Medical formula

① Name of formula:	<input type="checkbox"/> some or all the formula is to be provided via tube feeding (Refer to Medicaid)
② Medical diagnosis or qualifying condition:	
③ Length of issuance: <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> until 12 months of age <input type="checkbox"/> other: _____ (not to exceed 12 months)	
④ Prescribed amount: <input type="checkbox"/> _____ per day OR <input type="checkbox"/> maximum allowable	

C. WIC supplemental foods

All WIC foods will be provided unless indicated below: **OR** request WIC Nutritionist to determine foods

Infants, 7-12 months Omit: <input type="checkbox"/> Infant cereal <input type="checkbox"/> Infant jarred fruits/vegetables	Children older than 12 months and adults: Omit: <input type="checkbox"/> Milk <input type="checkbox"/> Cheese <input type="checkbox"/> Eggs <input type="checkbox"/> Peanut butter <input type="checkbox"/> Other: _____ Include: <input type="checkbox"/> Infant cereal in place of breakfast cereal <input type="checkbox"/> Jarred infant fruits/vegs in place of fresh produce <input type="checkbox"/> Whole milk in place of lower fat for adults and children older than 23 months with qualifying medical diagnosis (must be receiving formula--no exceptions) <u>Additional instructions:</u>
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D. Health care provider information

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	Date form received	Exp. date:	RDN review (signature & review date):	Formula Warehouse order?	WIC ID:
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Oregon WIC Approved Contract and Non-Contract Formulas

The Oregon WIC Nutrition Program is federally required to obtain a contract for standard infant formulas for cost containment. The current contract is with Abbott Nutrition for milk-based and soy-based formulas.

Infant Formulas	Contract 20 kcal/oz formulas: Do not require medical documentation
Similac Advance	Milk-based, 100% lactose
Similac Soy Isomil	Soy-based, lactose free. Appropriate for vegetarian diet. Not indicated for premature infants
Similac Sensitive	Milk-based, 2% lactose. Similar to Gentlease
Similac Total Comfort	Milk-based, 100% whey protein, partially hydrolyzed, 2% lactose. Similar to Gentlease, Soothe

WIC participants with a qualifying medical condition are eligible to receive formulas listed below

Noncontract Infant Formulas	Product characteristics/medical reason for request (standard dilution is 20 kcal/oz unless otherwise noted)
EnfaCare/Neosure	22 kcal/oz. Prematurity, birthweight <2000g. Not indicated after 1-year corrected age
Nutramigen/Alimentum Pregestimil/Extensive HA	Extensively hydrolyzed protein. Protein allergy, multiple food allergies. Nutramigen powder contains probiotic LGG, Pregestimil 55% MCT, Alimentum 33% MCT, Nutramigen has no MCT
Elecare Infant/Neocate Infant/Neocate Syneo/ PurAmino	Free amino acid. Severe malabsorption, protein/multiple food allergy, GERD, eosinophilic esophagitis (EOE), short bowel syndrome, necrotizing enterocolitis
Similac for Spit Up/Enfamil AR	Added rice starch. Uncomplicated GERD. Thickened formulas are not appropriate for premature infants <38 weeks. 20% whey, trace lactose.
EnfaPort	30 kcal/oz. Chylothorax or LCHAD deficiency 84% MCT
Similac PM 60/40	60% whey, low in iron. Lowered mineral level for renal conditions, neonatal hypocalcemia
Neocate Nutra	22 kcal/scoop. Semi-solid first food, amino acid based. Malabsorption, allergies. Not complete.
Noncontract Adult & Child Formulas	Product characteristics/medical reason for request (30 kcal unless otherwise noted)
Nutren Jr/ PediaSure/ Boost Kid Essentials (BKE) 1.0, 1.5	Milk-based. BKE 1.5 is 45kcal/oz. Chronic illness, oral motor dysfunction, conditions increasing caloric needs beyond what is expected for age with functional gut status.
Bright Beginnings Soy	Soy-based, lactose free. Same medical reasons as listed above
PediaSure Peptide Peptamen Jr (1.0, 1.5)	Extensively hydrolyzed protein. 1.5 version=45kcal/oz. Protein/multiple food allergies
Elecare Jr., Neocate Jr, Neocate Splash	100% free amino acid. Severe protein/multiple food allergy. Splash is lactose, whey, soy and milk protein free. Severe malabsorption, food allergies, multiple protein intolerance, GI impairment (EOE, short bowel syndrome and/or GERD)
Compleat Pediatric	Blenderized foods for tube feeding-refer patients to Medicaid
Ketocal 3:1 and 4:1	Nutritionally complete, high fat, low carbohydrate (CHO). Seizure disorders
Duocal	42 kcal/Tbsp powder. CHO and fat (35% MCT), no protein, sucrose, fructose or lactose
Monogen/Portagen	(Monogen may be mixed to 22kcal/oz). Lactose free, 85-90% MCT oil. Chylothorax
Liquigen	Liquigen 50/50 MCT/Water, 4.5 kcal/ml. Fat malabsorption, ketogenic diet, chylothorax, short bowel syndrome
Ensure Clear	18 kcal/oz, milk-based, lactose and fat-free, clear liquid, nutritionally incomplete; not for tube feeding 8 g whey protein/10 oz. Malabsorption, GI impairment, increased calorie needs, oral motor feeding issues/aversions
Ensure/Ensure Plus/Boost Plus/Boost High Protein	Adult only. Plus versions: 45 kcal/oz. Boost High Protein provides 15 grams protein per serving. Conditions requiring increased protein: illness, cancer, wounds, recovering from surgery
Glucerna	Adult only. 24kcal/oz. Blend of low glycemic CHO, 10 g protein, 6 g sugar per svg. Diabetes
Suplena CarbSteady	Adult only. 54 kcal/oz. Low in protein, lactose free for chronic kidney disease (stage 3, 4)