

## Health Care Provider Instructions for Completing the Oregon WIC Medical Documentation Form

- Medicaid is the primary payor for medical formulas. WIC can provide the requested formula until OHP issuance is established.
- Sections B and D must be completed by a health care provider licensed to prescribe in Oregon (MD, DO, NP, PA, ND, or CNM).
- Patient must be under the medical supervision of the provider signing this form.
- Complete all sections fully.
- Give the completed form to the patient/caregiver to bring to their WIC appointment or fax the form to the local WIC agency address shown in the top right corner of the form.

**A. Patient information:** This section may be completed by the health care provider, clinic staff, patient/caregiver, or WIC local agency staff. If the patient is receiving formula for a tube feeding, provide the name and provider of the formula (enteral company/durable medical equipment/DME agency, etc.) in the *additional instructions* field in section C.

**B. Medical formula(s):**

- The health care provider must complete 1, 2, 3.
- The health care provider must select formula(s) that are acceptable for the patient. More than one formula may be selected (e.g., all offerings in the category of extensively hydrolyzed).
- Only formulas listed on page 2 of the medical documentation form can be issued by WIC.

**C. WIC supplemental foods:**

Health care providers are required to complete section C or check the box to refer to the WIC Nutritionist. If referred, WIC staff will work with families to tailor their food package to meet dietary needs and individual preferences.

Reason for changing food package	Action needed
Infant is not developmentally ready for solids and needs only formula	Mark "Omit infant cereal, infant jarred fruits/ vegetables"
Food allergies	Select appropriate foods to omit
Delay in feeding skills and needs pureed foods	Mark "Infant cereal in place of breakfast cereal and/or "Jarred infant fruit and vegetable in place of cash produce benefit"
Medical diagnosis requires formula and whole milk	Mark "Whole milk and yogurt for adults and children older than 23 months receiving formula from WIC or Medicaid (no exceptions)" This is not to be used as a means to obtain whole milk.

Use the additional instructions field to provide specific information, instructions for the patient.

- D. **Health care provider information:** This section to be completed by clinic staff and signed and dated by the health care provider. Include the name of the clinical dietitian when applicable.