



# 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.
- Patient must be under the medical supervision of the provider signing this form.

## A. Patient information

Patient's name (Last, First, MI):	DOB:
Patient/Caregiver's name (Last, First, MI):	Phone #:
<input type="checkbox"/> Provide WIC Dietitian consult <input type="checkbox"/> Patient on tube feeding (provide name of formula, enteral company in section C)	

## B. Medical formula - Check all that are acceptable

- ▶ Medical diagnosis or qualifying condition:
- ▶ Length of issuance:    3 months     6 months     until 12 months of age     other: \_\_\_\_\_ (not to exceed 12 months)
- ▶ Prescribed amount:    \_\_\_\_\_ per day    **OR**     maximum allowable

INFANTS/CHILDREN		CHILDREN	
<b>Prematurity:</b>	<input type="checkbox"/> EnfaCare <input type="checkbox"/> Neosure	<b>Contract infant:</b>	<input type="checkbox"/> Advance <input type="checkbox"/> Soy <input type="checkbox"/> Sensitive <input type="checkbox"/> Total Comfort
<b>Extensively Hydrolyzed:</b>	<input type="checkbox"/> Nutramigen <input type="checkbox"/> Pregestimil <input type="checkbox"/> Extensive HA <input type="checkbox"/> Alimentum <input type="checkbox"/> Allow store brand Alimentum	<b>Milk-based, lactose free:</b>	<input type="checkbox"/> PediaSure <input type="checkbox"/> Nutren Jr. <input type="checkbox"/> Boost Kid Essentials 1.0 <input type="checkbox"/> Boost Kid Essentials 1.5
<b>Added rice starch:</b>	<input type="checkbox"/> Enfamil AR <input type="checkbox"/> Allow store brand Enfamil AR	<b>Extensively Hydrolyzed:</b>	<input type="checkbox"/> PediaSure Peptide <input type="checkbox"/> Peptamen Jr. 1.0 <input type="checkbox"/> Peptamen Jr. 1.5
<b>Amino Acid:</b>	<input type="checkbox"/> Elecare Infant <input type="checkbox"/> PurAmino <input type="checkbox"/> Neocate Infant <input type="checkbox"/> Neocate Syneo <input type="checkbox"/> Alfamino <input type="checkbox"/> Neocate Nutra	<b>Amino Acid:</b>	<input type="checkbox"/> Elecare Jr <input type="checkbox"/> Alfamino Jr. <input type="checkbox"/> Neocate Jr. <input type="checkbox"/> Neocate Splash
<b>Renal:</b>	<input type="checkbox"/> Similac PM 60/40	<b>Other specialty products:</b>	<input type="checkbox"/> Ketocal 3:1 <input type="checkbox"/> Ketocal 4:1 <input type="checkbox"/> Duocal <input type="checkbox"/> Monogen <input type="checkbox"/> Portagen <input type="checkbox"/> Liquigen <input type="checkbox"/> Compleat Pediatric <input type="checkbox"/> Ensure Clear
<b>MCT:</b>	<input type="checkbox"/> EnfaPort	<b>ADULTS ONLY</b>	
		<input type="checkbox"/> Ensure <input type="checkbox"/> Ensure Plus <input type="checkbox"/> Boost Plus <input type="checkbox"/> Boost High Protein <input type="checkbox"/> Glucerna <input type="checkbox"/> Suplena CarbSteady	

## C. WIC Supplemental foods

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

<b>Infants 7-12 months Omit:</b> <input type="checkbox"/> Infant cereal <input type="checkbox"/> Infant jarred fruits/vegetables	<b>Children older than 12 months and adults: Omit:</b> <input type="checkbox"/> Milk <input type="checkbox"/> Cheese <input type="checkbox"/> Eggs <input type="checkbox"/> Peanut butter <input type="checkbox"/> Other _____ <b>Include:</b> <input type="checkbox"/> Infant cereal in place of breakfast cereal <input type="checkbox"/> Jarred pureed 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). <b>Additional Instructions:</b>
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## D. Health care provider information

Signature of health care provider:	Date:
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 <input type="checkbox"/> CNM
Medical office/clinic:	Clinical RD name:
Phone #:	Fax #:
	Email:

<b>WIC USE ONLY</b>	Date form received:	Exp. Date:	RDN review (signature & review date):	<input type="checkbox"/> FW 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 until 2025.

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
EnfaCare, Neosure	22 kcal/oz. Prematurity, birthweight <2000g. Not indicated after 1-year corrected age
Nutramigen, Alimentum Pregestimil, Extensive HA	20kcal/oz. Extensively hydrolyzed protein. Protein allergy, multiple food allergies. Nutramigen powder contains probiotic LGG, Pregestimil 55% MCT (medium chain triglycerides), Alimentum 33% MCT, Nutramigen has no MCT
Elecare Infant, PurAmino, Alfamino, Neocate: Infant, Syneo, Nutra	20kcal/oz. Free amino acid. Severe malabsorption, protein/multiple food allergy, GERD, eosinophilic esophagitis (EOE), short bowel syndrome, necrotizing enterocolitis. Neocate Nutra: 22/kcal/scoop. Semi-solid, amino acid based first food.
Enfamil AR	20kcal/oz. 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	20kcal/oz. 60% whey, low in iron. Lowered mineral level. Renal conditions, neonatal hypocalcemia
Noncontract Adult & Child Formulas	Product characteristics/medical reason for request
Nutren Jr, PediaSure, Boost Kid Essentials (BKE) 1.0, 1.5	30kcal/oz. 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.
PediaSure Peptide Peptamen Jr 1.0, 1.5	30kcal/oz. Extensively hydrolyzed whey protein. Peptamen Jr 1.5 is 45kcal/oz. Protein/multiple food allergies
Elecare Jr, Neocate Jr, Alfamino Jr, Neocate Splash	30kcal/oz. 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	30kcal/oz. Blenderized foods for tube feeding-refer patients to Medicaid. WIC to provide only temporarily until Medicaid coverage for the tube feeding is set up, same as all non-bid formulas administered by tube feeding.
Ketocal 3:1 and 4:1	Nutritionally complete, high fat, low carbohydrate (CHO). Seizure disorders
Duocal	42 kcal/Tbsp powder. CHO, fat (35% MCT), no protein, sucrose, fructose or lactose. Not complete.
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, High Protein	Adults only. 30kcal/oz. 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	Adults only. 24kcal/oz. Blend of low glycemic CHO, 10 g protein, 6 g sugar per svg. Diabetes
Suplena CarbSteady	Adults only. 54 kcal/oz. Low in protein, lactose free for chronic kidney disease (stage 3, 4)