Alabama WIC Child/Woman Formula Prescription

Prescription is subject to WIC approval based on Program Policy.

Date _____

Participant's Name_____**Date of Birth**_____

ICD-10 Code and/or Medical Diagnosis_____

Federal Regulations prevent formula issuance solely for enhancing nutrient intake or managing body weight with no underlying condition.

Formula Prescribed _____

Amount per day □ 8ozs (1 can QD) □ 16ozs (1 can BID) □ 24ozs (1 can TID) □ Other*___

**Amount per day cannot exceed 30 ounces (maximum issuance allowed by USDA). Monthly clinic visits are required if 30 ounces per day is prescribed.*

Intended length of use: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 months

- After 6 months a new prescription is required
- If prescription is not renewed, no formula can be issued

Supplemental Foods Available: In addition to formula prescribed, the WIC Program may provide supplemental foods as ordered by the health care provider.

Please mark the boxes below for foods allowed and line through items not allowed.

☐ Milk	☐ Juice	☐ Brown Rice/Whole Wheat Bread/Whole Grain Tortillas ***(Wheat or Corn)***
☐ Cheese	☐ Fresh Fruit/Vegetables	
☐ Yogurt	☐ Cereal	☐ Dried Peas/Dried Beans
☐ Eggs	☐ Peanut Butter	

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 _____

Alabama WIC Child/Woman Formula Prescription (ADPH-WIC-111b)
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.

Participant's Name: Enter name of the participant requiring the special formula.

Date of Birth: Enter the participant'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.

Amount per Day: Check the box or enter the amount of formula per day. (Maximum issuance per day allowed by USDA is 30 oz.)

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

Supplemental Foods Available: Mark all WIC foods that participant may consume while receiving special formula. Line through food items not allowed.

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 #: Enter the participant's participant 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.