FORM 213 12/2018

Medical Documentation

WIC-Eligible Nutritionals and Therapeutic Formula

WIC Clinic:

Fax #:

WIC ID #:

Idaho WIC's current standard contract formulas are Similac Advance and Similac Isomil Soy. Medicaid is the first payer for therapeutic formulas and nutritionals. **Per Medicaid, at this time they will only cover formula for life-threatening diagnoses**. **If WIC is covering the formula, please complete this form for WIC authorization and return the completed form to the patient's WIC clinic.**

SECTION I —TO BE COMPLETED FOR ALL ORDERS

PATIENT (First/MI/Last): **DOB:**

PARENT/CAREGIVER (First/MI/Last):

SECTION II ALTERNATIVE 19 CALORIE PER OUNCE INFANT FORMULAS

PROVIDE: ☐ Similac Total Comfort ☐ Similac Spit Up ☐ Similac Sensitive

REASON: Formula intolerance as evidenced by:

DURATION: ______month(s) (max 12 months) **AMOUNT:** ______oz/day ☐ Max allowed ☐ WIC staff to decide amount

SECTION III THERAPEUTIC FORMULA/NUTRITIONALS

This documentation is federally required to ensure the patient under your care has a medical condition/diagnosis that dictates the use of therapeutic formula/nutritionals or requires changes to the WIC supplemental food package.

Section A: Must be completed by a healthcare provider.

Section B: The health care provider can select a WIC Registered Dietitian (RD). If selected, the WIC RD will determine appropriate issuance, prescribed amount, and length of time needed for WIC foods based on the patient's qualifying condition(s).

☐ Supplemental foods, amount and length of need to be determined per WIC RD.

A) Therapeutic Formula/Nutritionals:

Product Name:________________________________

Dx: ________________________________

Duration: _____ months (maximum 12 mos)

Amount: _____ oz/day

☐ Prematurity ☐ GERD or reflux

☐ Failure to thrive ☐ Food allergy: ________________

☐ Dysphagia ☐ Other: ____________________

Special instructions/comments:

This prescription is: ☐ new ☐ refill

B) WIC FOOD RESTRICTIONS: The patient will receive WIC foods in addition to the formula prescribed. Please check all foods listed below that are NOT appropriate for the diagnosis.

	WIC Foods	Category	Restrictions / Comments
Infants (6-12 mos)	Baby cereal		
	Baby fruit/vegetable		
Children (1-5 yrs)	Cow's milk		
	Cheese		
	Eggs		
	Peanut butter		
	Whole grains		
	Cereal		
	Beans		
	Vegetables / fruits		
	Juice		

Health Provider's Name (please print) **Location** **Phone:** **Fax:**

Health Care Provider's Signature

× ________________________________ ☐ MD ☐ DO ☐ PA ☐ NP **Date:** ________________

WIC USE ONLY RD review: Date:

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The WIC Program is an equal opportunity provider.