

Alabama WIC Child/Woman Formula Prescription

Prescription is subject to WIC Approval Based on Program Policy and Procedure

Date _____

Patient's Name _____ Date of Birth _____

ICD-9 Code and/or Medical Diagnosis _____

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

Formula Prescribed _____

Amount per day _____ ounces*

**Maximum issuance per day allowed by USDA is 30 ounces.*

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 medical formula, the WIC Program may provide supplemental foods as appropriate. Food items will be issued **only** if ordered by the health care provider.

Please check all that apply and line through items not allowed.

- Juice
- Milk and Cheese
- Cereal
- Eggs
- Whole Wheat Bread
- Dried Beans/Peas
- Peanut Butter
- Fresh Fruit/Vegetables

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		
CHR # _____	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.

Patient's Name: Enter name of the patient requiring the special formula.

Date of Birth: Enter the patient's date of birth.

ICD-9 Code and/or Medical Diagnosis: Document the medical diagnosis and/or the corresponding ICD-9 code. The prescription may be accepted if either the medical diagnosis or the ICD-9 code is written. However, the medical diagnosis and/or the ICD-9 code must be a nutrition related medical diagnosis/ICD-9 code.

Formula Prescribed: Enter the name of the special medical formula prescribed.

Amount per Day: 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 patient's need for the special formula must be re-evaluated by the physician every six (6) months.

Supplemental Foods Available: Check all WIC foods that patient 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.

CHR #: Enter the patient's CHR 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.