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

Date _____

Infant's Name _____ **Date of Birth** _____

ICD-10 Code and/or Medical Diagnosis _____
   Not WIC Approved: Colic, Spitting up, Fussiness, Constipation or Formula Intolerance

Formula Prescribed _____

Must Indicate Amount per day
❏ Maximum ounces allowed by WIC for Fully Formula Fed Infant
   0-3 mos - 26 fluid oz/day
   4-5 mos - 29 fluid oz/day
   6-12 mos - 20 fluid oz/day

Intended length of use: ❏ 1   ❏ 2   ❏ 3   ❏ 4   ❏ 5   ❏ 6 months
   • After 6 months a new prescription is required. Exception: In disease/chronic diseases
     such as but not limited to, inborn errors of metabolism, galactosemia, celiac disease,
     and cystic fibrosis, the initial prescription is sufficient.
   • If prescription is not renewed, a standard contract formula will be issued. *
   • Re-evaluating the infant's need for special formula past 6 months ensures that WIC
     funds are utilized in the most cost effective way.

** Notice: The standard contract formulas are: Enfamil Infant, Enfamil Gentlease, Enfamil Prosbee, and Enfamil AR
  Other milk based, soy based and milk based lactose free formulas are not WIC approved.*

Supplemental Foods
At 6 months of age WIC will issue the following foods unless otherwise indicated.

• Infant cereal	❏ Not Allowed
• Infant vegetables and fruits	❏ Not Allowed

❏ This infant (6-12 months of age) is medically fragile, and unable to consume solid food. I
authorize additional formula (total 29 oz/day) to meet nutritional needs.

Signature of Health Care Provider _____

Health Care Provider's Name (Please Print) _____

Phone (_____) _____   **Fax** (_____) _____

If you have questions please call your local WIC clinic.

> **WIC Clinic Use Only**
>
> **ParticipantID#** _____ **Date Received** _____ **Approved by** _____

Alabama WIC Infant Formula Prescription (ADPH-WIC-111a) 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.

Infant's Name: Enter name of the infant requiring the non-contract formula.

Date of Birth: Enter the infant'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 for the infant.

Must Indicate Amount per Day: Check the amount of formula allowed by WIC according to infant's age or check if lesser amount is needed and write amount.

Intended length of use: Check the number of months formula is needed. Note that the infant's need for the special formula must be re-evaluated by the health care provider at six (6) months of age.

Supplemental Foods: Check if infant is not to receive infant cereal and/or infant vegetables and fruit at 6 months of age. Check if infant is medically fragile and unable to consume solid foods at 6 months of age.

Signature of Health Care Provider: The health care provider's signature must be entered.

Health Care Provider's Name printed: PRINT name of the health care provider.

Phone: Enter the phone number of the health care provider.

Fax: Enter the fax number of the health care provider.

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.

NOTE: A health care provider is a Physician or someone working under Physician's orders, such as a Physician Assistant or Nurse Practitioner.