WEST VIRGINIA WIC

WEST VIRGINIA Department of Health & Human Resources

West Virginia WIC Program
Prescription Formula Form
For Medical Formulas and Foods

Please complete sections A and D for all patients.
For medical formula/foods, complete section B.
For soy-based beverage for a child, complete section C
Please fax form to WIC clinic or have WIC participant return form to clinic.

Mineral Co. Fax: 304-788-6476
Hampshire Fax: 304-822-7038

A. Patient information

Patient's Name (Last, First, MI):	**DOB:**
Caregiver's name	
Medical Reason/Diagnosis:	
Time needed: ☐ 1 month ☐ 2 months ☐ 3 months ☐ 4 months ☐ 5 months ☐ 6 months	

B. Medical formula/medical food and WIC supplemental foods

Formula requested:

Prescribed amount per day _____ oz/day | **Form:** ☐Powder ☐Concentrate ☐Ready-to-feed

Supplemental foods: In addition to the infant formula/medical food, supplemental foods appropriate to the WIC participant category will be provided. Please mark the appropriate boxes below to indicate any foods that would be contraindicated with the patient's medical diagnosis.

☐ **No supplemental foods:** Offering food is contraindicated at this time; omit all supplemental foods and provide formula only.

WIC Participant Category	WIC Supplemental Foods Available	Do Not Give	Restrictions / Special Instructions
Infants 6-11 months	Infant cereal		
	Infant fruits/vegetables		
Children -and- **Women**	Milk		
	Cheese		
	Eggs		
	Juice		
	Breakfast cereals		
	Legumes and/or peanut butter		
	Fruits and vegetables		
	Whole grains		
	Fish (exclusively breastfeeding women only)		

C. Soy-based beverage

To authorize soy-based beverage for a child check here ☐
Mark the qualifying condition that justifies the need for soy beverage as a milk substitute.

☐ Milk allergy ☐ Severe lactose intolerance ☐ Vegan diet ☐ Other (specify)_____

D. Health care provider information

Signature of health care provider:		
Provider's name (please print):		☐ MD ☐ PA ☐ DO ☐ NP
Medical office/clinic:		
Phone #:	**Fax#:**	**Date:**
WIC USE ONLY	**Approved by:**	**Date:**

Electronic copy of the form available at: http://ons.wvdhhr.org/

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