



Medical documentation is federally required to ensure that the patient under your care has a medical condition that requires the use of specialty formula and that conventional foods are precluded, restricted, or inadequate to meet their special nutritional needs.

- Instructions: Complete sections A and D for all patients.**
 ♦ Complete Section B to approve specialty formula.
 ♦ Complete Section C to approve supplemental foods -or- leave blank to allow WIC RD/RN to determine appropriate supplemental foods.

| |
|--------------------|
| WIC clinic: |
| WIC fax #: |
| Attention: |

Fax form to WIC clinic or have WIC participant return form to clinic.

A. Patient information

| | |
|--|-------------|
| Patient's Name: (Last, First, MI): | DOB: |
| Parent/Caregiver's Name: | |
| Medical Reason/Diagnosis: | |
| Time needed: <input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> 4 months <input type="checkbox"/> 5 months <input type="checkbox"/> 6 months | |

B. Specialty formula

| |
|---|
| Formula requested (see approved list on back): |
| Prescribed amount: <input type="checkbox"/> maximum allowable -OR- <input type="checkbox"/> _____ oz/day |
| Special instructions/comments: |
| <input type="checkbox"/> Issue additional formula for 6-11 month infant not developmentally ready for solid foods. |
| <input type="checkbox"/> Issue infant food fruits and vegetables for 1-4 year old child (only authorized if child is also receiving specialty formula). |

C. WIC Supplemental Foods

WIC RD/RN will determine appropriate supplemental foods unless health care provider indicates otherwise.

Issue full provision of age-appropriate supplemental foods.
 No WIC supplemental foods; provide formula only.
 Issue a modified food package omitting the supplemental foods checked below:

| WIC Participant Category | WIC Supplemental Foods (check contraindicated foods) | Special Instructions |
|--|--|----------------------|
| Infant 6- 11 months | <input type="checkbox"/> Infant cereal <input type="checkbox"/> Infant fruits/vegetables <input type="checkbox"/> Fresh bananas | |
| Child 1 - 4 years -and- Woman | <input type="checkbox"/> Milk <input type="checkbox"/> Cheese <input type="checkbox"/> Eggs <input type="checkbox"/> Juice <input type="checkbox"/> Breakfast cereals <input type="checkbox"/> Legumes <input type="checkbox"/> Peanut butter <input type="checkbox"/> Fruits and vegetables <input type="checkbox"/> Whole grains <input type="checkbox"/> Fish (exclusively breastfeeding women only) | |

D. Health care provider information

| | | |
|---|---|--------------|
| Signature of health care provider: | | |
| Provider's name: (please print) | <input type="checkbox"/> MD <input type="checkbox"/> PA <input type="checkbox"/> DO <input type="checkbox"/> NP | |
| Medical office/clinic: | | |
| Phone #: | Fax#: | Date: |

| | | |
|---------------------|---------------------|----------------------|
| WIC USE ONLY | Approved by: | Date: |
| | | Rx exp. date: |

COLORADO WIC PROGRAM APPROVED FORMULAS

Standard Contract Infant Formulas

These formulas will be given unless a physician diagnoses a medical condition that warrants a specialty formula.

- ◆ No prescription is needed for infants.*
- ◆ A prescription is needed for adults and children over one-year of age and is valid for up to six (6) months.

Enfamil Infant
Enfamil ProSobee
Enfamil Gentlease
Enfamil AR

*A prescription is required to issue additional formula to 6-11 month old infants who are not developmentally ready for solid foods.

Specialty Formulas

Medical documentation is required for issuance of these formulas. Reasons such as "colic," "spitting up," or "constipation" will NOT be accepted as a substitute for a medical diagnosis.

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|---|--|
| Boost High Protein | Nutren 1.0 with Fiber |
| Boost Kid Essentials 1.5 cal | Nutren 1.5 |
| Boost Kid Essentials 1.5 cal with fiber | Nutren 2.0 |
| Bright Beginnings Soy Pediatric Drink | Osmolite 1 Cal |
| Compleat Pediatric | PediaSure (any flavor) |
| EleCare Infant | PediaSure with Fiber (any flavor) |
| EleCare Junior | PediaSure Enteral |
| (only for children over 1 year) | PediaSure Enteral with Fiber and scFOS |
| Enfagrow Toddler Transitions Soy | PediaSure 1.5 cal |
| (only for children over 1 year) | PediaSure 1.5 cal with Fiber |
| Enfamil EnfaCare | Peptamen |
| Enfaport | Peptamen Junior |
| Ensure | Peptamen Junior with Fiber |
| Ensure Plus | Portagen |
| Neocate Infant with DHA & ARA | Pregestimil |
| Neocate Junior | PurAmino |
| Neocate Junior with Prebiotics | Similac Expert Care Alimentum |
| Neocate Splash | Similac Expert Care NeoSure |
| Nutramigen | Similac PM 60/40 |
| Nutramigen with Enflora LGG | Tolerex |
| Nutren Junior | Vivonex Pediatric |
| Nutren Junior with Prebio Fiber | Vivonex T.E.N. |
| Nutren 1.0 | |

Formulas for Inherited Metabolic Diseases

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|---------------------------------|---------------------------------------|
| Calcilo-XD | Pro-Phree |
| Cyclinex-1 & 2 | ProViMin |
| Glutarex-1 & 2 | Propimex-1 & 2 |
| Hominex-1 & 2 | RCF |
| I Valex-1 & 2 | Tyrex-1 & 2 |
| Ketonex-1 & 2 | TYROS-1 & 2 |
| MSUD Analog, Maxamaid & Maximum | XLeu Analog, Maxamaid & Maxamum |
| Periflex Infant | XLys, XTrp Analog, Maxamaid & Maxamum |
| Periflex Junior | XMet Analog, Maxamaid & Maxamum |
| Phenex-1 & 2 | XMTVI Analog, Maxamaid & Maxamum |
| PhenylAde Essential Drink Mix | XPhe Maxamaid & Maximum |
| Phenyl-Free 1 & 2 | XPhe, XTyr Analog & Maxamaid |
| Phenyl-Free HP | |

For questions about Colorado WIC approved formulas contact the State WIC Office at (303) 692-2400.

Electronic copy of this form available at: <http://www.coloradowic.com>