INFANTS

Illinois WIC Formula and Medical Nutritional Prescription

This form must be completed by a medical provider, in its entirety, to receive Medically Prescribed Formula.

Patient Name (Last) (First)	**Birthdate:**
Parent / Caregiver (Last) (First)	

1. PRESCRIBED FORMULA – Choose One

Infant (0-11 months of age)

6 months or older no foods:

- ☐ Enfamil Infant
- ☐ Enfamil Gentlease
- ☐ Enfamil ProSobee
- ☐ Enfamil AR
- ☐ Enfamil Reguline
- ☐ Enfamil NeuroPro Enfacare (pwd)
- ☐ Similac Neosure (pwd)
  - ☐ ready-to-feed
- ☐ Alimentum (pwd)
  - ☐ ready-to-feed
- ☐ Nutramigen w/Probiotic LGG
- ☐ Pregestimil
- ☐ Similac PM 60/40
- ☐ Neocate Infant DHA/ARA
- ☐ Neocate Syneo Infant
- ☐ EleCare DHA/ARA
- ☐ PurAmino DHA/ARA

2. FOOD PRESCRIPTION

Infant (0-11 months of age) – Choose One

☐ Formula **ONLY** (no foods during duration of this prescription)

☐ Formula and *WIC foods beginning at 6 months

*WIC foods may include:

ant cereal Infant fruits/vegetables (jarred) Fresh fruits/vegetables (9-11 months only)

3. DIAGNOSIS, AMOUNT, DURATION

WIC Federal Regulations **do not allow the following conditions** for issuance of medical formulas: Managing body weight, growth concerns, unconfirmed allergies, lactose intolerance, or intolerance symptoms. Please specify the underlying medical condition(s).

☐ Cerebral Palsy ☐ Cleft Lip / Palate ☐ Congenital Heart Disease	☐ Gastroesophageal Reflux ☐ Intestinal Malabsorption ☐ Prematurity (up to 2 years)	☐ Confirmed Allergy (specify):	☐ Other Medical Diagnosis (specify):
☐ Cystic Fibrosis ☐ Developmental Delay ☐ Eosinophilic GI	☐ Tube Fed NPO ☐ Tube Fed		

Prescribed Amount: ☐ Maximum amount WIC provides **OR** _____Ounces per day **OR** _____ Cans per day

Duration: ☐ 1 month ☐ 2 months ☐ 3 months ☐ 4 months ☐ 5 months ☐ 6 months

4. HEALTH CARE PROVIDER INFORMATION

Health Care Provider Signature: _____ Date Signed: _____

(Physician, Physician Assistant or Advanced Practice Nurse Practitioner)

Printed Name of Health Care Provider: _____

Medical Office/Clinic: _____

Address: _____ Phone: _____

This institution is an equal opportunity provider.

June 2022