

# 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

Infant needs lesser amount; amount is \_\_\_\_\_ oz per day

Intended length of use  1  2  3  4  5  6 months

- At 6 months of age 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 the prescription is not renewed, a standard contract formula will be issued.\*

- Re-evaluating the infant's need for a special formula past 6 months of age ensures that WIC funds are utilized in the most cost effective way.

*\*Notice: The standard contract formulas are: Similac Advance, Similac Isomil.*

*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 \_\_\_\_\_

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 \_\_\_\_\_