

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: Enfamil Infant, Enfamil Gentlease, Enfamil Prosobee, 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 _____

Provider's Name (Please print) _____

Phone (____) _____ Fax (____) _____

If you have questions please call your local WIC clinic.

WIC Clinic Use Only Participant ID# _____ Date Received _____ Approved by _____
--