



**Directions:** Please complete **all highlighted sections** and return this form to the participants WIC Clinic.

**Office # (505) 869-2662, Fax # (505) 869-7571**

**\*All requests are subject to WIC approval and is based on program policies and procedures.\***

Required Patient Information												
<b>Last Name:</b>	<b>First Name:</b>	<b>DOB:</b>										
<b>Parent/Caregiver's Name:</b>												
<b>Qualifying Condition/Diagnosis/ICD-10 Code: (Check Below)</b>												
Allergy, confirmed [cow's milk protein, soy] (L27.2) <b>353</b>	Failure to Thrive (C-R62.51, W-R62.7) <b>134</b>											
Congenital Anomaly, Respiratory (Q34.9) <b>360</b>	Intestinal Malabsorption (K90.0) <b>342</b>											
Developmental Sensory/Motor Delays (R62.50) <b>362</b>	Low Birth Weight (P07.10) <b>141</b>											
Gastroesophageal Reflux (K21.9) <b>342</b>	Metabolic Disorders (E88.9) <b>351</b>											
Inadequate Growth (R62.50) <b>135</b>	Other/(w/ICD 10):											
Lactose Intolerance (E73.9) <b>355</b>												
Low Maternal Weight Gain (O26.11-13) <b>131</b>												
Underweight (R63.6) <b>101 or 103</b>												
**NOT ALLOWED: Constipation, diarrhea, unconfirmed allergies, managing body weight, lactose intolerance symptoms, or growth concerns, <u>UNLESS there is an underlying medical condition.</u> **												
Measurements												
Date:	Length/Height:	Weight:	If Premature, Birth Weight:	Weeks' Gestation:								
<b>Name of Formula(s)</b> (If not marked on reverse side)												
Requested Length of Issuance												
**Maximum allowed by federal guidelines of 6 months will be issued unless otherwise indicated.												
<b>1 Month</b> <input type="checkbox"/>	<b>3 Months</b> <input type="checkbox"/>	<b>6 Months</b> <input type="checkbox"/>	Formula Amount _____ per day*									
SEE APPROPRIATE AGE CATEGORIES BELOW AND CHECK BOXES, IF NEEDED:												
<b>Infants (6-12 Months Old)</b>		<b>Children (1-5 Years Old) and Women</b>										
Full amount of formula and infant foods will be given <b>unless</b> checked below.		All appropriate WIC foods, will be issued with a prescribed formula <b>unless</b> checked below.										
<input type="checkbox"/> Provide only formula past 6 months of age due to inability or delay in consuming solid foods.  <b>Check WIC Supplemental Food to OMIT at 6 months of age</b>		<input type="checkbox"/> For Milk Allergy: Formula or other: Indicate: _____ <input type="checkbox"/> Provide <b>infant foods</b> for cash value fruits and vegetables <input type="checkbox"/> No supplemental foods, provide formula ONLY										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;"><input type="checkbox"/> Infant Cereal</td> <td style="width: 50%; text-align: center; padding: 5px;"><input type="checkbox"/> Baby Food (Fruit and/or Vegetables)</td> </tr> </table>		<input type="checkbox"/> Infant Cereal	<input type="checkbox"/> Baby Food (Fruit and/or Vegetables)	<b>Check WIC Supplemental Foods to OMIT from Food Package</b>								
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center; padding: 5px;"><input type="checkbox"/> Dairy</td> <td style="width: 25%; text-align: center; padding: 5px;"><input type="checkbox"/> Peanut Butter</td> <td style="width: 25%; text-align: center; padding: 5px;"><input type="checkbox"/> Cereal</td> <td style="width: 25%; text-align: center; padding: 5px;"><input type="checkbox"/> Juice</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Eggs</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Beans</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Whole Grains</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Fruits/Veg</td> </tr> </table>		<input type="checkbox"/> Dairy	<input type="checkbox"/> Peanut Butter	<input type="checkbox"/> Cereal	<input type="checkbox"/> Juice	<input type="checkbox"/> Eggs	<input type="checkbox"/> Beans	<input type="checkbox"/> Whole Grains	<input type="checkbox"/> Fruits/Veg			
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Required Health Care Provider Information												
Signature/Stamp of Health Care Provider (MD/DO/PA/CNP):				Date:								
Provider Name (Please Print):	Phone #:	Fax #:										

Isleta WIC Medical Request for Formula and/or Food



<b>Special Formula RX REQUIRED</b>	
Alimentum Powder 12.1 oz	Similac 360 Total Care 32 oz RTF
Alimentum RTF 32 oz	
Boost Kid Essentials 1.5 cal	
Boost Kid Essentials 1.5 cal w/ fiber	
Boost Plus RTF 8oz BTL - 6PK	
Elecare Powder 14.1 oz	<b>No RX is required for infants under 12 months for the formulas listed below:</b>
Enfamil A.R. Lipil Powder 12.9 oz	Similac Advance Powder 12.4 oz
Enfamil Gentlease Powder 12.4 oz	Similac Advance w/Iron Concentrate 13 oz
Enfamil Gentlease RTU 32oz	Similac Sensitive Powder 12.5 oz
Enfamil Infant Concentrate 13oz	Similac Soy Isomil Powder 12.4 oz
Enfamil Infant Powder 12.5 oz	Similac Soy Isomil Concentrate 13 oz
Enfamil Infant RTU 32 oz	Similac Total Comfort Powder 12.6 oz
Enfamil Lipil 24 cal 2 oz	
Enfamil Lipil AR RTU 32 oz	
Enfamil Neuropro Infant Powder 20.7oz	
Enfamil Neuropro Infant RTU 32 oz	
Enfamil Neuropro Enfacare Powder 13.6 oz	<b>Formula available for purchase at STAR Medical Only- 5244 2<sup>nd</sup> Street NW Albuquerque, NM 87107</b>
Enfamil Neuropro Gentlease Powder 19.5oz	Enfagrow Toddler Milk Powder 24 oz
Enfamil Neuropro Gentlease RTU 32 oz	Fortini 4 oz
Enfamil Premature Lipil 24 cal 2 oz bottles	Gerber Extensive HA Powder 14.1 oz
Enfamil Reguline Powder 12.4 oz	Kate Farms Adult Standard 1.0 11 oz
Ensure RTF 8 oz	Kate Farms Adult Standard 1.4 11 oz
Ensure w/Fiber RTF 8 oz	Kate Farms Pediatric Blended 1.0 8.45 oz
Gerber Good Start GentlePro Powder 20oz	Kate Farms Pediatric Peptide 1.0 8.45 oz
Gerber Good Start SoothePro Powder 12.4 oz	Kate Farms Pediatric Peptide 1.5 8.45 oz
Gerber Good Start Gentle Soy Powder 12.9 oz	Kate Farms Pediatric Standard 1.2 8.45 oz
Neocate DHA/ARA Powder 14.1 oz	Pediasure 1.5 cal RTF 8 oz
Neocate Jr Powder 400g	Pediasure 1.5 cal w/Fiber RTF 8 oz
Neocate Powder 14 oz	Pediasure Peptide 1.0 RTF 8 oz
Neosure Powder 13.1 oz	Pediasure Peptide 1.5 RTF 8 oz
Neosure RTF 32 oz	
Nutramigen Lipil Concentrate 13 oz	
Nutramigen Lipil RTF 32 oz	
Nutramigen Lipil w/Enflora LGG 12.6 oz	
Pediasure RTF 8oz	<b>*If you need a formula not listed here, please call our office.</b>
Pediasure w/Fiber RTF 7.4 oz	
Peptamen Jr RTF 8.45 oz	
Progestimil Lipil Powder 16 oz	Available formulas are subject to change. Please visit <a href="https://www.isletapueblo.com/tribal-programs/wic-woman-infants-children/">https://www.isletapueblo.com/tribal-programs/wic-woman-infants-children/</a> for current version of this form. Scroll down to additional resources at bottom of page and click on Isleta WIC Medical Request for Formula/Food Form
Similac Advance RTF 32 oz	
Similac PM 60/40 Powder Low Iron 14.1 oz	
Similac Pro-Advance 20.6oz (1.28 LB)	
Similac Pro-Sensitive 20.1oz (1.41LB)	
Similac Soy Isomil RTF 32 oz	
Similac Pro-Total Comfort 20.1oz (1.25 LB)	
Similac Sensitive RTF 32 oz	
Similac 360 Total Care Powder 20.6oz	
Similac 360 Total Care Sensitive 8 oz RTF	
Similac 360 Total Care Sensitive 32 oz RTF	
Similac 360 Total Care 8 oz RTF	

\* This institution is an equal opportunity provider.