



# Virginia Request for Special Food Prescription

# WIC-395

Prescription is subject to approval and provision based on Virginia WIC policy and procedure.

### A. Patient Information

Participant's Name: **MARY MUG XUOFJUBQUTFUYY** Date of Birth: **02/03/2001**

Parent/Caregiver's First and Last Name: **MBSVB APJ[JOPCC**

### B. Current Anthropometric Data

Weight: \_\_\_\_\_ lbs Length/Height: \_\_\_\_\_ in Hgb/Hct: \_\_\_\_\_ Date Assessed: **12/10/2018**

**For intolerances to Similac Advance and/or Similac Soy Isomil due to lactose sensitivity, excessive spit-up, or digestive issues, the following 19 kcal/oz contract infant formulas are available:**

### C. Alternative Routine Infant Formulas

- Similac Sensitive Powder     
  Similac Spit-up Powder     
  Similac Total Comfort Powder  
 Similac Sensitive RTF\*     
  Similac Spit-up RTF\*     
 \*RTF products require additional justification and issuance is subject WIC Policy

**If none of the above formulas are appropriate for the participant or if a food prescription modification is required, please complete the following:**

### D. Exempt Infant Formulas/Nutritionals

Product Name: \_\_\_\_\_

Form:  Powder       Concentrate       RTF\*      \*RTF products require additional justification and issuance is subject WIC Policy.

Diagnosis: \_\_\_\_\_ ICD Code: \_\_\_\_\_

*Symptoms such as colic, constipation, spitting-up, gas, and/or formula intolerance will NOT be accepted. WIC will not provide formula to enhance nutrient intake or manage body weight without underlying medical condition.*

Calories Per Ounce:  Standard Dilution      OR      \_\_\_\_\_ kcal/oz

Ounces Per Day:  Standard WIC Amount (Infants Only)      OR      \_\_\_\_\_ oz\*

*\*Amounts above the standard WIC maximum are only allowable for participants who meet both Medicaid Coverage and Diagnosis Criteria*

### E. WIC Supplemental Foods

Issue Full Provision of Age-Appropriate Foods       Issue NO WIC Supplemental Foods, Provide Formula/Nutritional ONLY

Issue Supplemental Foods with the Modifications Below:

#### Infants

- Provide formula only due to inability to consume solids
- Omit Infant Cereal
- Omit Infant Fruits Vegetables
- Omit Infant Meats

- Provide Infant Pureed Fruits/Vegetables (Formula Use Required)
- Omit Peanut Butter
- Omit Beans
- Omit Breakfast Cereal

#### Children and Women

- Provide Whole Milk, ICD Code Required: \_\_\_\_\_
- Provide 2% Milk, ICD Code Required: \_\_\_\_\_
- Omit Milk/Cheese/Yogurt
- Omit Whole Grains
- Omit Eggs
- Omit Fruits/Vegetables
- Omit Juice
- Omit Tuna/Salmon

### F. Length of Use

Duration of Certification, up to 1 year      OR      \_\_\_\_\_ months

### G. Health Care Provider's Information (print or stamp)

Provider Name: **Admin**  
 Address: **1432 Easton Rd, Ste 3-G, Warrington, PA 18976**  
 Phone: **215-343-5520**  
 Fax: **215-343-5521**

  
 Signature of Health Care Professional authorized to write medical prescriptions under State law.      Date: **12/08/2020**

### "WIC USE ONLY"

Family ID #: \_\_\_\_\_  
 CPA Signature: \_\_\_\_\_  
 CPA Name: \_\_\_\_\_  
 Date: \_\_\_\_\_