



Formula and Food Request

Please Complete All Sections

1. Patient's Name: _____

2. Patient's Date of Birth: _____

3. Type of Formula Requested

Formula Name	Powder	Concentrate	RTF
Similac Advance			
Gerber Good Start Soy			
Similac Sensitive		NA	
Similac for Spit-up		NA	
Similac Total Comfort		NA	NA
Alimentum*		NA	
Nutramigen*			
Gerber Extensive HA*		NA	NA
Similac Neosure*		NA	
Enfamil Enfacare*		NA	
Pediasure* (must meet WIC criteria for issuance)	NA	NA	
Other: _____			

4. Diagnosis (select one or more diagnoses)

- _____
Gastroesophageal Reflux Disease
- _____
Severe Food Allergy
- _____
Intestinal Malabsorption
- _____
Failure to Thrive
- _____
Low Birth Weight
- _____
Prematurity
- _____
Developmental Disorder
- _____
Metabolic Disorder
- _____
Immune System Disorder
- _____
Inappropriate Growth Patterns‡
- _____
Formula Intolerance‡
- _____
Other Diagnosis: _____

*WIC Special Formula: When requesting this formula, complete this form, but also request formula from AHCCCS if patient qualifies ([see AHCCCS Exhibit 430-2](#))

‡May only be selected for Similac Sensitive, Spit-up, or Total Comfort

5. Amount of Formula Requested Per Day

WIC Maximum OR Prepared Fluid Ounces per day: _____

6. Length of Time for Food and/or Formula Request

Until first birthday OR Number of Months: _____

7. WIC Foods

Depending on age and category, WIC foods may include whole grains (bread, rice, pasta, tortillas), breakfast cereal, fruits, vegetables, beans, canned fish, peanut butter, milk, cheese, yogurt, eggs, juice, and infant fruits, vegetables, and meats.

Check this box to defer to WIC Registered Dietitian/Nutritionist **or**
 Check this box to **NOT GIVE ANY** WIC Foods to this patient starting at age 6 months and beyond **or**

List specific WIC Foods to **NOT GIVE** to this patient starting at age 6 months

8. Healthcare Provider's Information

Healthcare Provider's Title (circle one) M.D., D.O., P.A., N.P., N.M.D.

Provider's Name: _____ Provider's Phone Number: _____

Provider's Signature: _____ Today's Date: _____