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## Maryland WIC

Better Nutrition Brighter Future 1-800-242-4942 | www.mdwic.org oreastleed/Na

Medical Documentation Form: Sections 1-4 MUST be completed.

Infants not exclusively breastfed are provided Similac Advance or Similac Soy Isomil. This form is federally required to request an exempt infant formula/WIC-eligible nutritional for qualifying medical conditions. All requests are subject to WIC approval. Please contact the Local WIC clinic (see back of form) or the State WIC Office at 1-800-242-4942 with any questions.

1) REQUIRED: Patient Information									
		Patient DOB:/_/_							
Patient Name: Patient DOB:/_/_ Parent/Guardian:									
	Participant Medica	l Data (optional):	Weight:	Length/height:	Hgb: Hct:				
		Date Measured:	_/_/_	_/_/_	_/_/_				
2) REQUIRED: Exempt Infant Formula/WIC-Eligible Nutritional Request									
Medical diagnosis: Symptoms:									
Non-specific symptoms such as intolerance, fussiness, colic, spitting up, gas and constipation will NOT be considered medical diagnoses for exempt infant formulas/WIC-eligible nutritionals.									
Product:									
Calorie Level: Amount per day:									
☐ Standard dilution ☐ Other: ☐ WIC maximum ☐ Other:									
Duration: 🗀 1 n	nonth [	3 months	☐ 6 months	☐ 12 months	□ Other				
3) REQUIRED: V	VIC Food Reque	sts (Check all	that apply)						
□ WIC profess	sional may determi	ine WIC foods ar	nd amounts.						
☐ Issue formula/WIC-eligible nutritional only.									
□ Whole milk for a woman or child (≥ 2 years).									
□ Issue infant fruits and vegetables to a woman or child.									
□ Issue soy beverage and/or tofu to replace milk.									
☐ Issue WIC foods and amounts without changes to the standard food package.									
□ Do NOT issue (comment required):									
4) REQUIRED: Health Care Provider with Prescriptive Authority:									
(MD, DO, PA, NP/CNP/CRNP/DNP, APN, CNM, CRNA, CNS, MBBS, MBBCh)									
Name: (Please print, type or stamp)									
Phone:		Fax:							
Signature and Credentials: Date:/									
WIC use only:	□ Approved	□ Not Approved	□ Pending	Comments:					
Signature:		•	Date://_	•					

Website: www.mdwic.org. Click on the Health Care Providers section for more information.