



Request for Formula or Nutritional Supplement

The Idaho WIC Program has a contract with Abbott Laboratories (Ross) to provide these 3 standard contract infant formulas:

- Similac Advance
- Similac Isomil Advance
- Similac Sensitive

All other standard infant formulas will not be allowed. We will continue to provide formulas and nutritional supplements when medically indicated.

If a patient has a medical condition that requires a formula or nutritional supplement, complete the bottom section of this form. If you have any questions, contact the WIC Registered Dietitian:

Federal Regulations 246.10 (c)(1-3)

A new request is needed every six (6) months for formulas, every twelve (12) months for nutritional supplements or for a change in amount or type of formula or nutritional supplement.

Patient Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Medical Diagnosis/Reason for Formula: _____

Recommended Formula: _____ Recommended Duration: _____

Feeding Instructions (if needed, specify amount): _____

Directions for mixing formula if different from standard protocol: _____

Comments: _____

Signature: _____ Date: _____

Telephone: _____

Name and address of physician/health care provider/clinic:

The WIC Program is an equal opportunity provider.



IDAHO DEPARTMENT OF
HEALTH & WELFARE