FID: _____
Expires: _____

ND WIC Medical Documentation Form

Sections 1-5 MUST be completed.
The WIC Program requires a medical diagnosis to provide a medical formula. All requests are subject to WIC approval. Complete this form and have the participant return it to their local WIC office, OR fax to _____, OR email to _____.

1) REQUIRED: Participant Information

Participant's Name: _____ Date of Birth: _____

Parent/Guardian's Name: _____ Phone Number: _____

Optional: Length/Height: _____ Weight: _____ Hgb/Hct: _____ Date Measured:_____

2) REQUIRED: Medical Formula: _____

Not Allowed: Enfamil Infant, ProSobee, Gentlease, Reguline; Kendamil, Similac 360/Pro, store brand, toddler formulas
Time Needed: _____ months OR ❑ Until 1 year of age
Prescribed Amount: ❑ Full Amount Allowed OR _____ oz/day
Preparation/Feeding Instructions: _____

3) REQUIRED: Medical Diagnosis

Not Allowed Diagnoses: Formula intolerance, spitting up, colic, picky eating, poor appetite, or personal preference

❑ Cow's milk protein allergy/sensitivity ❑ Oral/motor feeding issues ❑ Metabolic disorders
❑ Prematurity/low birth weight ❑ Developmental delays ❑ Failure to thrive
❑ Gastrointestinal disorders ❑ Malabsorption syndromes ❑ Food allergy
❑ GERD ❑ Other medical diagnosis: _____
_____

WIC Food Package Modifications

❑ For infants ≥ 6 months not eating solid foods for a medical reason, issue formula only.
❑ For children (1-4 years) receiving formula, issue infant cereal or baby food fruits/vegetables.
❑ For children (2-4 years) or women receiving formula, issue whole milk.

4) REQUIRED: WIC Foods If left blank, the WIC Nutritionist/Dietitian will determine foods issued.

❑ Request WIC Nutritionist/Dietitian to determine foods issued.
❑ Omit the following WIC foods. (All WIC foods will be issued unless indicated below.)
_____

5) REQUIRED: Health Care Provider with Prescriptive Authority

Signature: _____ Date: _____
Health Care Provider's Name: _____ ❑ MD ❑ DO ❑ NP ❑ PA
Clinic/Address: _____
Phone Number: _____ Fax Number: _____

For more information or help in completing this form: call your local WIC office at_____.
This institution is an equal opportunity provider. 11/2025