



Colorado WIC Program
Physician Authorization Form
For Specialty Formulas and WIC Supplemental Foods

Medical documentation is federally required to ensure that the patient under your care has a medical condition that requires the use of specialty formula and that conventional foods are precluded, restricted, or inadequate to meet their special nutritional needs.

Instructions: Complete sections A and D for all patients.
 ♦ To approve specialty formula and supplemental foods, also complete section B.
 ♦ To approve soy beverage, tofu or additional cheese, also complete section C.
 Fax form to WIC clinic or have WIC participant return form to clinic.

WIC clinic:
WIC fax #:
Attention:

A. Patient information

Patient's Name: (Last, First, MI):	DOB:
Parent/Caregiver's Name:	
Medical Reason/Diagnosis:	
Time needed: <input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> 4 months <input type="checkbox"/> 5 months <input type="checkbox"/> 6 months	

B. Specialty formula and WIC supplemental foods

Formula requested (see approved list on back):		
Prescribed amount: <input type="checkbox"/> maximum allowable -OR- <input type="checkbox"/> _____ oz/day		
Special instructions/comments:		
Supplemental foods: (check one) <input type="checkbox"/> Issue full provision of age-appropriate supplemental foods. <input type="checkbox"/> No WIC supplemental foods; provide formula only. <input type="checkbox"/> Issue a modified food package omitting the supplemental foods checked below.		
WIC Participant Category	WIC Supplemental Foods (check contraindicated foods)	Special Instructions
Infants 6 through 11 months	<input type="checkbox"/> Infant cereal <input type="checkbox"/> Infant fruits/vegetables	
Children 1 through 4 years -and-	<input type="checkbox"/> Milk* <input type="checkbox"/> Cheese <input type="checkbox"/> Eggs <input type="checkbox"/> Juice <input type="checkbox"/> Breakfast cereals <input type="checkbox"/> Legumes <input type="checkbox"/> Peanut butter	
Women	<input type="checkbox"/> Fruits and vegetables <input type="checkbox"/> Whole grains <input type="checkbox"/> Fish (exclusively breastfeeding women only)	
<input type="checkbox"/> * Issue whole milk: WIC provides low fat milk for women and children ≥ 2 years of age. Only patients receiving specialty formula who require additional calories qualify to receive whole milk.		

C. Soy beverage, tofu or additional cheese

Check the boxes below to prescribe soy beverage, tofu or additional cheese:

Soy beverage or tofu for children > 4 lbs tofu for women > 1 lb cheese for women or children

Diagnosis (required): Milk allergy Severe lactose maldigestion Vegan diet Other (specify) _____
 (personal preference is not an allowed reason)

D. Health care provider information

Signature of health care provider:		
Provider's name: (please print)	<input type="checkbox"/> MD <input type="checkbox"/> PA <input type="checkbox"/> DO <input type="checkbox"/> NP	
Medical office/clinic:		
Phone #:	Fax#:	Date:

WIC USE ONLY	Approved by:	Date:
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COLORADO WIC PROGRAM APPROVED FORMULAS

Standard Contract Infant Formulas

These formulas will be given unless a physician diagnoses a medical condition that warrants a specialty formula.

- ◆ No prescription is needed for infants.
- ◆ A prescription is needed for adults and children over one-year of age and is valid for up to six (6) months.

Enfamil Premium Infant
Enfamil ProSobee
Enfamil Gentlease
Enfamil AR

Specialty Formulas

Medical documentation is required for issuance of these formulas. Reasons such as "colic," "spitting up," or "constipation" will NOT be accepted as a substitute for a medical diagnosis.

Boost High Protein	Nutren 1.0
Boost Kid Essentials 1.5 cal	Nutren 1.0 with Fiber
Boost Kid Essentials 1.5 cal with fiber	Nutren 1.5
Bright Beginnings Soy Pediatric Drink	Nutren 2.0
Compleat Pediatric	Osmolite 1 Cal
E028 Splash	PediaSure (any flavor)
EleCare Infant	PediaSure with Fiber (any flavor)
EleCare Junior	PediaSure Enteral
(only for children over 1 year)	PediaSure Enteral with Fiber and scFOS
Enfagrow Soy Toddler	Peptamen
(only for children over 1 year)	Peptamen Junior
Enfamil EnfaCare	Peptamen Junior with Fiber
Enfaport	Portagen
Ensure	Pregestimil
Ensure Plus	Similac Expert Care Alimentum
Neocate Infant with DHA & ARA	Similac Expert Care NeoSure
Neocate Junior	Similac PM 60/40
Neocate Junior with Prebiotics	Tolerex
Nutramigen	Vivonex Pediatric
Nutramigen with Enflora LGG	Vivonex T.E.N.
Nutren Junior	
Nutren Junior with Prebio Fiber	

Formulas for Inherited Metabolic Diseases

Calcilo-XD	Pro-Phree
Cyclinex-1 & 2	ProViMin
Glutarex-1 & 2	Propimex-1 & 2
Hominex-1 & 2	RCF
I Valex-1 & 2	Tyrex-1 & 2
Ketonex-1 & 2	TYROS-1 & 2
MSUD Analog, Maxamaid & Maximum	XLeu Analog, Maxamaid & Maxamum
Periflex Infant	XLys, XTrp Analog, Maxamaid & Maxamum
Periflex Junior	XMet Analog, Maxamaid & Maxamum
Phenex-1 & 2	XMTVI Analog, Maxamaid & Maxamum
PhenylAde Essential Drink Mix	XPhe Maxamaid & Maximum
Phenyl-Free 1 & 2	XPhe, XTyr Analog & Maxamaid
Phenyl-Free HP	XPTM Analog

For questions about Colorado WIC approved formulas contact the State WIC Office at (303) 692-2400.

Electronic copy of this form available at: <http://www.coloradowic.com>