

WEST VIRGINIA WIC PROGRAM
INSTRUCTIONS FOR THE PRESCRIPTION FORMULA FORM (WIC-53)

This instruction sheet is to help you serve your patients better. Please review these instructions for completing the WIC-53 and if you have any questions, please contact your local WIC clinic.

PATIENT INFORMATION:

- Include the patient's full name and date of birth (DOB).
- Include the Parent or Guardian's full name.

SECTION A: EXEMPT FORMULA, 19 CALORIE FORMULA OR NUTRITIONAL

(Including prescribing a contract milk-based or soy-based infant formula to a child)

- Include the diagnosis for the formula or WIC-Eligible Nutritional that is being prescribed.
- Include the formula requested and indicate the prescribed amount based on the number of ounces of formula currently consumed. This is important, especially for partially breastfed infants.
- Mark which form of formula you are requesting. Understand that not all requests for ready-to-feed (RTF) will be granted.
- Indicate whether it is a formula change or a renewal of the most recent prescription.
- Indicate the time needed from one (1) month up to six (6) months.

SECTION B: SUPPLEMENTAL FOODS

- If a patient has a medical reason that precludes them from eating additional foods beyond infant formula or a WIC-Eligible Nutritional, mark "No Supplemental foods at this time". Otherwise, mark only the foods that you **DO NOT WANT** included for your patient. WIC will provide the standard allowed amount of each item you prescribe. By marking those foods not allowed, this eliminates the circumstance of a WIC client marking foods that you as the health care provider do not want your patient to have.

SECTION C: HEALTH CARE PROVIDER INFORMATION

- Include the health care provider's name (Please Print).
- Include the medical office/clinic, the phone number and the fax number.
- Include the signature of the health care provider and the date the WIC-53 form was completed.