



Rhode Island Department of Health
Medical Documentation for WIC Formula and Approved WIC Foods
Pregnant, Breastfeeding and Postpartum Women

Completion of this form is federally required to ensure that the patient under your care has a medical condition/diagnosis that requires the use of medical formula/food and/or changes to their supplemental food package.

A. Patient Information (Complete All)

Patient's Name:	DOB:
Medical Diagnosis/Qualifying Condition(s):	
<small>*** Please Note: The following non-specific terms are NOT acceptable as qualifying conditions: Lack of appetite, desire to lose weight, maintain current weight, or inability to prepare meals.</small>	

B. Medical Formula/Medical Food

Name of medical formula/medical food:						
Prescribed amount:		oz per day				
Requested length of issuance: 1 2 3 4 5 6 Months						

C. Supplemental Foods

**In addition, supplemental foods will be issued for participants unless otherwise indicated. Please review and select the issuance appropriate for your patient:		
WIC foods allowed (Please select all that apply):		
Juice	Peanut Butter	Fruits & Vegetables
Eggs	Cereal	Cheese
Legumes	Whole grain bread/other whole grains	Milk**
Canned Fish*		
<small>*Fully breastfeeding women are the only category eligible to received canned fish.</small>		
<small>** Issue whole milk: WIC provides 1% low fat milk for all women. Only participants who need additional calories may receive whole milk.</small>		

D. Health Care Provider Information (Complete all)

Provider's Name (please print):		
Signature of health care provider:		
Medical office/clinic:		
Phone:	Fax#:	Date: