



**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):	
*** 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.	

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*		
*Fully breastfeeding women are the only category eligible to received canned fish.		
** Issue whole milk: WIC provides 1% low fat milk for all women. Only participants who need additional calories may receive whole milk.		

D. Health Care Provider Information (Complete all)		
Provider's Name (please print):		
Signature of health care provider:		
Medical office/clinic:		
Phone:	Fax#:	Date: