



Hawaii Department of Health, WIC Program

Formula Request

Hawaii WIC

Good Nutrition for
Women, Infants and Children

The Hawaii WIC Program supports the American Academy of Pediatrics Statement on Breastfeeding. Final determination of the approval and provision of formula will be based on Hawaii Department of Health, WIC Program policy and procedure.

Contract formulas provided by the WIC Program are Similac Advance w/Iron, Isomil Advance & Similac Sensitive.

Client's Name: _____ DOB: _____

List history of formulas previously tried and resulting symptoms: _____

Name of Formula(s) requested: _____

Amount of Formula(s) requested: _____

Medical diagnosis: (Note: Colic, constipation, spitting up, and formula intolerance are not considered acceptable medical diagnoses. Detail of the patient's condition is required.)

Request valid until: _____ (Not to exceed 6 months)

WIC staff may need to contact health care provider to obtain more detailed medical information prior to approval of this formula request.

PLEASE PLACE OFFICE STAMP BELOW:

Address: _____

Phone Number: _____
Fax Number: _____

Signature of MD, DO, PA, or NP

Date

For WIC Staff Use Only:

WIC Rx Approved?	<input type="checkbox"/>	Yes	for	month(s).	cans/bottles per month
	<input type="checkbox"/>	No	Reason for Denial: _____		
WIC CPA NAME(Please Print)	_____				
WIC CPA Signature:	_____	Date:	_____		