



Date: _____

Medical Documentation for WIC Issuance of Non-Bid or Medical Formulas

Child's Name: _____ DOB: _____

Parent/Guardian Name: _____

Length of time formula required (maximum of 6 months at a time):

1 month 2 months 3 months 4 months 5 months 6 months

Formula Prescribed: _____

Special Instructions: _____

Federal regulations require documentation of a medical diagnosis for WIC issuance of a non-bid or medical formula, please state medical diagnosis below:

Provider name: _____ (MD, PA, DO, NP)

Provider signature: _____

Questions? Contact your WIC Registered Dietitian at 541-667-2545
Hermiston WIC clinic: 541-667-2545
Pendleton WIC clinic: 541-966-3354
Milton-Freewater WIC clinic: 541-938-5595

For WIC Use Only

Approved by: _____ Date: _____