

Instructions for the Texas Medical Request Form for Metabolic Formula/Food

- 1) Section A - Required Patient Information
 - a. Print or type your patient's first and last name, date of birth (DOB) and phone number.
 - b. Include the parent or caregiver's name.
 - c. Provide a qualifying condition or diagnosis (medical reason for the requested formula).
 - d. Space is given for measurements if taken by the healthcare provider (HCP). Include the date, length/height, weight and if premature, birth weight and weeks of gestation.
- 2) Section B - Formula and WIC Supplemental Foods
 - a. Length of issuance – the HCP can check 3 months, 6 months or fill in a different amount of time.
 - b. A table is provided to fill in the name of the formula, the amount needed per day, the container size and the number of containers needed per month.
- 3) WIC Supplemental Foods (at 6 months of age) – for Infant
 - a. Disclaimer: All supplemental foods will be provided unless the HCP indicates that a food should be omitted. If the HCP leaves all options blank, the RD/nutritionist can determine supplemental foods and amounts for the HCP.
 - i. If the recipient is an infant and no supplemental foods are desired this can be marked by the HCP.
 - ii. If the recipient is an infant and either one or the other food should be omitted, that can be marked.
 - b. Space is available for special instructions or comments. Mixing instructions can be documented here.
- 4) WIC Supplemental Foods – Children
 - a. Disclaimer: All supplemental foods will be provided unless the HCP indicates that a food should be omitted. If the HCP leaves all options blank, the RD/nutritionist can determine supplemental foods and amounts for the HCP.
 - i. If milk is desired with the formula, it must be selected. Many children with metabolic disorders are not able to drink milk or must restrict it to their medical condition.
 - ii. The HCP may mark “do not provide any supplemental foods” or he/she may mark that individual foods must be omitted.
 - b. An option to request baby food is available.
- 5) Section C – Required Health Care Provider (HCP) Information
 - a. Provide the name of the metabolic nutritionist, phone number, metabolic center and phone number.
 - b. A list of recognized metabolic centers is provided on side 2 of the request form.
 - c. The HCP must check whether follow up contact with the center or specialist is monthly, quarterly or some other frequency.

- d. Signature or stamp of the health care provider is required along with contact information (phone and fax numbers).
 - e. Note: Formula cannot be approved if the healthcare provider contact information is missing.
 - f. If your patient brings a copy of the form to you it may have the clinic name, phone and fax numbers printed on it for your convenience.
 - g. The patient may return the hard copy to the WIC clinic or it can be faxed to them if that phone number has been provided.
- 6) Additional Information
- a. Due to the specialized nature of metabolic conditions, requests from pediatricians, family practitioners or other HCP's who are not specialists cannot be accepted.
 - b. WIC staff are not authorized to provide diet counseling for metabolic conditions.
 - c. Initial requests for a specific patient must be approved by the state WIC office to verify diagnosis of the metabolic condition as opposed to a positive newborn screening only.
 - d. WIC clinic staff may call or fax your office if there is missing information or to clarify your request. Sometimes, a formula cannot be approved or is not available through Texas WIC. If so, clinic staff will call to discuss other options for your patient.
 - e. WIC formula is typically purchased at retail stores. Some specialty items (such as metabolic formulas) are only available through a pharmacy, specialized WIC store, or drop shipment company. It may take several days to a week for these formulas to be ordered and received.



Visit our website at [Texas WIC .org](http://TexasWIC.org)

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Stock No. E13-06-13158-1 Revised 1/15

