

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 TexasWIC.org.



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