

SPECIAL FORMULA ORDER FORM

I. TO BE COMPLETED BY DISTRICT/LOCAL STAFF Date Faxed: _____

Rush Delivery: YES NO

- Nutrition Services Unit called or emailed and notified of incoming fax.
- Written medical documentation with medical diagnosis attached.
- Returned packing slip to the Nutrition Services Unit when formula was received.

1. Name of WIC client & WIC ID Number _____
2. Birth Date _____
 - "First Day To Use" date on vouchers for current issuance month _____
 - Infant age (in months & days) as of "First Day To Use" date _____
3. Diagnosis(es) _____
4. Name of formula requested _____
 - Formula flavor (if applicable) _____
5. Product number/manufacturer of formula _____
6. Amount of formula needed for current month (number of cans / containers) _____
 - Amount of formula prescribed per month (total # of cans / containers) _____
 - Amount of formula on hand (number of cans / containers) _____
7. Type of formula: ready to feed, concentrate, powder, single use bottle, etc. (Provide justification for RTF formula) _____
8. Estimated time on formula _____
9. Formula issue month (based on voucher "First Day To Use" date) _____
10. Clinic name, contact person, and phone no. _____
11. Address/telephone number to ship formula _____
12. Prescribing Physician _____
13. District contact person _____
14. WIC/Nutrition Coordinator's signature or designee _____

II. TO BE COMPLETED BY NUTRITION SERVICES UNIT

1. Formula Cost of this order (including price per case) _____
2. Date order placed to formula company _____
3. Clinic/District's account number _____
4. Contact person at formula company/phone no. _____
5. Anticipated date of delivery _____
6. State Nutrition Program Consultant's signature & date _____

III. TO BE COMPLETED BY STATE WIC BUDGET OFFICER

1. Purchasing authorization number/initial date _____
2. Field Purchase Order # / initial date _____
3. WIC Financial Director's signature _____