DEPARTMENT OF HEALTH

MINNESOTA WIC PROGRAM

MEDICAL FORMULA ORDER FORM (3/2019)

Instructions to Local Agency Staff:

- Complete the section "**Local Agency Order Information**."
- Email Formula Order to Trend Fields and cc: Jayne Thalhuber and Michelle Gawboy.
- Include the name of the Formula in the email subject line.
- If unable to email, fax to 651-215-8951, attention: WIC.
- Order the formula early enough to allow one week for delivery.
- Refer to Formula Amounts Guide for formula-specific information.
- No more than a ***two*** month supply of formula should be ordered at one time. Order only ***one*** month until it's certain the formula will work for the participant.
- After you receive the formula, ensure the type and amount of formula matches the information on the packing slip.
- Questions about the ordering process, contact Trend at trend.fields@state.mn.us or 651-201-4417.
- Other questions about formula, contact your State WIC Consultant or jayne.thalhuber@state.mn.us

Local Agency Order Information:

Today's Date:

Local Agency:

Authorizing CPA:

Clinic ID:

Contact Person:
(If different from above)

Clinic Name:

Address:

Contact Phone:

City:

Zip:

Formula Manufacturer: ☐ Abbott ☐ Mead Johnson ☐ Nestle ☐ Nutricia ☐ PBM

Formula name, type, size and flavor (as applicable):

Participant name:	State WIC ID:	DOB:	# of cases:
1.			
2.			
3.			
		Total Cases:	

If formula is needed *earlier than one week from today's date*, list date needed and explain:

Other comments:

STATE USE ONLY

Acct/Ship to:

Order Date:

Item #:

Confirmation #:

PO #:

Ship to Date:

Notes:

Case Price:

Entered on Spreadsheet ☐