Minnesota WIC Program

Medical Documentation Form

for *Similac Sensitive, Total Comfort, Spit-Up*

The caloric density of *Similac Sensitive*, *Spit-Up* and *Total Comfort* will be reduced from 20 kcals/oz to 19 kcals/oz beginning April 2014. Because USDA requires formulas provided by WIC to contain 20 kcals/oz, these formulas now require "medical documentation". Complete this form so that WIC may provide your patient these formulas.

Patient Name: _____Date of Birth: _____ Today's Date: _____

Parent/Caregiver's Name:_____

I give the MN WIC Program permission to release this information to the Health Care Provider indicated below.

Parent/Caregiver's Signature: _____ Today's Date:_____

Please Complete the Following:

☐ ***Similac Sensitive***, and/or ***Total Comfort*** and/or ***Spit-Up*** **(all 19 kcals/oz) may be provided for intolerance/GI upset to *Similac Advance*.**

☐ **Provide Maximum Allowable OR _____per day**
(if not specified, up to the maximum allowable may be provided)

☐ **Provide this formula until 1 year of age** ☐ **Other:_____**
(if not specified, up to 1st birthday may be provided

Special Instructions/Restrictions:

Signature of Health Care Provider: _____ Date: _____

Provider's Name: (*please print*)_____ ☐ MD ☐ NP ☐ PA ☐ CNM ☐ DO

Clinic Name: _____

Phone #: _____ **Fax #:** _____

MINNESOTA MDH DEPARTMENT OF HEALTH

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Minnesota Department of Health,
WIC Program
1-800-657-3942
http://www.health.state.mn.us/divs/fh/wic/