

Texas WIC Formula Change Form

To: _____ Date: _____

Child's Name: _____ DOB: _____

Parent/Guardian: _____

Dear Healthcare Provider,

This notice is to inform you that Texas WIC is unable to provide the formula _____ as requested for the following reason(s):

_____ The information given does not meet WIC guidelines/reasons for issuance.*

_____ This formula is not an authorized item for Texas WIC. See formulary link below.

_____ An alternate formula is recommended: _____

Therefore, WIC has taken the following action(s):

_____ Your patient was provided counseling on management of common infant problems such as constipation, gas, spit-up and colic. If the recommended actions do not improve symptoms, the patient will contact you for further evaluation.

_____ A milk-based or soy-based infant formula was issued to your patient. Name of formula: _____

_____ No formula was issued to your patient.

_____ Other: _____

In order to assist your patient,

_____ Fully complete the attached medical request form.

_____ Request a different formula: _____

Notes: _____

Thanks for your continued partnership. If there are further questions, please contact me:

Name: _____ Clinic Phone Number: _____

Date: _____ Fax Number: _____

Clinic Hours: _____

For more information on formulas provided through Texas WIC and WIC guidelines please visit our formulary at: <https://texaswic.org/health-partners/formula-prescriptions>.

*All requests are subject to approval and provision based on federal and state policies of the WIC program. Texas WIC does not provide Similac Pro Products, Enfamil or Gerber brands of standard infant formulas.



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