North Carolina Department of Health and Human Services
Division of Public Health/Women's and Children's Health Section/Nutrition Services Branch

WIC Program Medical Documentation
Child (12 Months of Age and Older) or Woman

Complete sections A and D for all prescriptions.
► To prescribe a **formula or product** for a child (12 months of age or older) or a woman, also complete **section B.**
► To prescribe **whole milk** for a child (24 months of age or older) or a woman, also complete **section C.**

Prescription is subject to WIC approval and provision based on program policy and procedures.

A. PARTICIPANT INFORMATION

Participant's name:	**DOB:**
Medical condition(s) indicating need for prescribed product:	
Duration of prescription (limited to 12 months):	

B. FORMULA/PRODUCT AND WIC SUPPLEMENTAL FOODS

Formula/product prescribed:

Amount prescribed per day:

Special instructions for preparation or dilution:

Supplemental foods:

☐ No Supplemental foods are allowed for this participant. Offering these foods is contraindicated at this time.

— or —

Identify any WIC supplemental foods not allowed for this participant, otherwise some or all of the following foods may be provided depending on the participant category.

☐ No Milk	☐ No Breakfast Cereal	☐ No Juice
☐ No Whole-wheat Bread or Other Whole Grains	☐ No Fruits and Vegetables	☐ No Peanut Butter
☐ No Cheese	☐ No Tofu	☐ No Legumes
☐ No Canned Fish (fully-breastfeeding women only)	☐ No Yogurt	☐ No Eggs
☐ No Soy-Based Beverages		

C. WHOLE MILK — CHILD (24 MONTHS OF AGE OR OLDER) OR WOMAN

☐ Whole milk prescribed. Otherwise, these individuals receive skim/1%.

D. HEALTH CARE PROVIDER INFORMATION

Signature of health care provider:		
Provider's name (please print):		
Medical office/clinic (include address):		
Phone #:	**Fax #:**	**Date:**

Contact your local WIC program with any questions about current policy or for more information.