

# Texas WIC Formula Change Form

To: \_\_\_\_\_ Date: \_\_\_\_\_

RE: Infant/Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

## Dear Healthcare Provider:

This notice is to inform you that WIC is unable to provide the formula \_\_\_\_\_ as requested for the following reason:

\_\_\_\_\_ A contract WIC formula must be trialed first.

\_\_\_\_\_ An alternate contract formula is recommended. These include Similac Sensitive, Similac for Spit-Up, and Similac Total Comfort

\_\_\_\_\_ The information given does not meet WIC guidelines/reasons for issuance.

\_\_\_\_\_ This formula is not an authorized item for Texas WIC.

\_\_\_\_\_ Due to a recent policy change, the following formulas are not available for newly enrolled participants: Enfamil Newborn, Enfamil Infant, Enfamil AR, Enfamil Gentlease, Enfamil ProSobee, Gerber Good Start Soothe, Gerber Good Start Gentle, or Similac Soy Isomil

\_\_\_\_\_ Your patient has requested a formula change. Parent/Guardian signature: \_\_\_\_\_

## Therefore, WIC has taken the following action:

\_\_\_\_\_ Similac Advance/Good Start Soy, a contract WIC formula, was issued to your patient.

\_\_\_\_\_ Your patient was provided counseling on how to manage common infant problems such as colic, gas, constipation, or spit-up. If the actions recommended do not improve symptoms or if they worsen, the patient will contact you for further evaluation.

\_\_\_\_\_ No formula was issued to your patient.

\_\_\_\_\_ Other: \_\_\_\_\_

## In order to assist your patient,

\_\_\_\_\_ Complete the attached medical request for an alternate contract formula.

\_\_\_\_\_ Request a different formula: \_\_\_\_\_

\_\_\_\_\_ Please provide the following missing information: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

Thanks for your continued partnership. If there are further questions please feel free to contact me:

Name \_\_\_\_\_ Phone number: \_\_\_\_\_

Date: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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