Exhibit 7- D

DEPARTMENT OF HEALTH

Local Agency Information

Anoka County WIC Program

Minnesota WIC Program Request for Medical Formula

The WIC Program requires a medical diagnosis to provide a medical formula/food and/or to change the WIC food package. Please COMPLETE this form. All requests are subject to WIC approval.

A. Patient Information

Patient's Name: DOB:

Parent/Caregiver's Name:

B. Medical Formula

Formula Requested:

Amount Needed per Day:

If not specified, up to (but no more than), WIC maximum allowable may be provided. Maximum allowed might not meet patient's full need.

Preparation/Feeding Instructions:

Standard preparation, unless otherwise specified.

Intended Length of Use: ☐ 1 month ☐ 2 months ☐ 3 months ☐ 4 months ☐ 5 months ☐ 6 months

NOTE: If no length specified, may provide up to 6 months. All prescriptions reevaluated every 6 months.

C. Qualifying Medical Reason (check all that apply)

☐ Prematurity ☐ Low Birth Weight ☐ Gastrointestinal Disorders ☐ GERD/Reflux ☐ Severe Food Allergies

☐ Failure to Thrive – ***specify underlying medical condition***:

☐ Other Condition (describe):

D. WIC Supplemental Foods

Standard Food Package (If no changes are specified, standard foods will be provided.)

Infants (6-12 months) will receive infant cereal and infant and/or fresh fruits/vegetables

Children (12-60 months) and **Women** will receive milk, cheese, juice, fruits/vegetables, whole grains, eggs, legumes, peanut butter, cereal, (canned fish – breastfeeding women only)

☐ **Provide** age appropriate WIC foods. **Exceptions (specify):**

☐ **Omit all** supplemental WIC foods, and provide medical formula only.

☐ For child (age 1-4) receiving medical formula, provide infant fruits/vegetables.

☐ Provide whole milk/yogurt. Only patients receiving medical formula and who need additional calories may receive whole milk/yogurt.

E. Health Care Provider Information

Signature of Health Care Provider: **Date:**

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

Medical Office:

Phone #: Fax #:

WIC Use Only

(Local Agency Information)

Anoka County WIC Program Fax: 763-324-1034 Phone 763-324-4230