

## Muscogee (Creek) Nation WIC Program Medical Documentation

Completion of this form is required per USDA Federal Regulations to ensure that the patient under your care has a medical condition or diagnosis that requires the use of medical formula or food that will mandate changes to their supplemental food package. Please fax the completed form to the WIC office at **918-549-2989** or have your patient return the document to the WIC clinic. Forms can be accessed <http://www.muscogeenation-nsn.gov/Pages/WIC/wic.html>

Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_

Medical Diagnosis/Qualifying Condition \_\_\_\_\_

ICD-10 Code(s) \_\_\_\_\_ Medical Documentation Valid for:  1  2  3

Months Name of Medical Formula/Medical

Food: \_\_\_\_\_

Prescribed Amount:  Maximum Allowable per Federal Guidelines OR \_\_\_\_\_ Per Day

Current Weight \_\_\_\_\_ Height \_\_\_\_\_ Date Taken (within 30 days of request) \_\_\_\_\_

No supplemental foods, offering foods is contraindicated at this time. Provide only formula.  
After reviewing food packages on back, select foods allowed based on medical condition of this individual.

### INFANTS (6-11 months)

Infant Cereal  Infant Fruits  Infant Vegetables  Infant Meats

### WOMEN AND CHILDREN (12 – 60 months)

Milk  Eggs  Peanut Butter  Cheese  
 Cereal  Juice  Beans  Whole Grains  
 Fruits  Vegetables

**Issue Whole Milk:** WIC provides low fat milk only for all participants  $\geq$  2 years of age unless contraindicated.

### SPECIAL INSTRUCTIONS OR RESTRICTIONS

Signature of Health Care Provider \_\_\_\_\_ Date \_\_\_\_\_

Provider's Name (please print) \_\_\_\_\_ MD DO PA ARNP CNS CNM

Name of Medical Office/Clinic \_\_\_\_\_

Phone Number (with area code) \_\_\_\_\_ Fax# \_\_\_\_\_

For questions regarding this form contact our office at 918.549.2790  
This institution is an equal opportunity provider.

June 2015

**WIC USE ONLY**

\_\_\_\_\_ Approved \_\_\_\_\_ Denied by:

Approved through:

**Muscogee (Creek) Nation WIC Program  
Supplemental Food Packages for Women, Infants and Children**

WIC participants receiving medical foods or formula will also be provided the foods listed below, unless they are contraindicated and documented on front of form.

Infants Birth - 12 months	0 - 3 months	4 - 5 months	6 - 12 months	6 - 12 months if solids are contraindicated
Powder (reconstituted)	Up to 870 fluid ounces	Up to 960 fluid ounces	Up to 696 fluid ounces	Up to 960 fluid ounces
Concentrate (reconstituted)	Up to 806 fluid ounces	Up to 884 fluid ounces	Up to 624 fluid ounces	Up to 884 fluid ounces
Ready-to-Feed	Up to 832 fluid ounces	Up to 896 fluid ounces	Up to 640 fluid ounces	Up to 896 fluid ounces
Infant Cereal	None	None	24 ounces	None
Infant Fruits and Vegetables (Formula Fed Infants)	None	None	128 ounces	None
Infant Fruits and Vegetables (Breastfed Infants)	None	None	256 ounces	None
Infant Meats (Breastfed Infants)	None	None	77.5 ounces	None

Children 12 – 60 months
13 quarts milk
1 pound cheese
1 dozen eggs
128 ounces juice
36 ounces cereal
18 ounces peanut butter <b>OR</b> 16 ounces dry legumes <b>OR</b> 64 ounces canned beans
2 pounds whole grain bread, tortillas, brown rice or bulgur wheat
\$26 for fruits and vegetables, fresh, frozen or canned
Up to 910 ounces formula with medical documentation

**Muscogee (Creek) Nation Contract Formulas**

**Similac Advance**

**Similac Total Comfort**

**Similac Sensitive**

**Similac Soy Isomil**

Exclusively Breastfeeding Women	Partially Breastfeeding & Prenatal Women	Non-Breastfeeding Women
21 quarts milk	19 quarts milk	13 quarts milk
2 pounds cheese	1 pound cheese	1 pound cheese
2 dozen eggs	1 dozen eggs	1 dozen eggs
144 ounces juice	144 ounces juice	96 ounces juice
36 ounces cereal	36 ounces cereal	36 ounces cereal
\$52 for fruits and vegetables, fresh, frozen or canned	\$47 for fruits and vegetables, fresh, frozen or canned	\$47 for fruits and vegetables, fresh, frozen or canned
18 ounces peanut butter <b>AND</b> 1 pound dry legumes <b>OR</b> 64 ounces canned beans	18 ounces peanut butter <b>AND</b> 1 pound dry legumes <b>OR</b> 64 ounces canned beans	18 ounces peanut butter <b>OR</b> 1 pound dry legumes <b>OR</b> 64 ounces canned beans
1 pound whole grain bread, tortillas, brown rice or bulgur wheat	1 pound whole grain bread, tortillas, brown rice or bulgur wheat	None
30 ounces tuna, salmon or sardines	None	None
Up to 910 ounces formula with medical documentation	Up to 910 ounces formula with medical documentation	Up to 910 ounces formula with medical documentation