



# Virginia WIC Request for Special Prescription

## WIC-395 Form

**Full completion of all fields in Sections A – D required at submission.**  
**Forms with missing information will not be approved and will require resubmission.**

### INFANT FORM

A. Patient Information	
Infant Name:	DOB:
Parent/Guardian Name:	Telephone:
Does infant have current Virginia Medicaid Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	

B. Formula Information	
If multiple products are needed, they must ALL be included on a single form.	
Formula(s) requested: _____	
Is Ready-to-Feed (RTF) formula medically required? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please provide justification below:
Amount per day: <input type="checkbox"/> Standard WIC amount or _____ oz/day      Calories per ounce: <input type="checkbox"/> Standard dilution or _____ kcal/oz	
Length of use- up to 6 months, not to exceed 1 <sup>st</sup> birthday: <input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> 4 months <input type="checkbox"/> 5 months <input type="checkbox"/> 6 months	
Diagnosis with ICD code: _____	
<b>Please refer to the first page of this form for additional details on allowable diagnoses and issuance amounts.</b>	

C. Allowable WIC Supplemental Foods	
Beginning at 6 months of age, WIC provides supplemental foods, in addition to prescribed formula, to infants. Please indicate any restrictions required for the duration of this prescription-	
<input type="checkbox"/> No restrictions or infant is under 6 months of age for duration of prescription	<input type="checkbox"/> Delay WIC foods until _____ months of age <input type="checkbox"/> Remove Infant Cereal <input type="checkbox"/> Remove Infant Pureed Fruits/Vegetables

D. Health Care Provider Information	
Printed Name: Claude, Karam MD	NPI #: 1235203290
Clinic Name: Pedia-Care Of Virginia	Phone: 571-434-7337      Fax: 571-434-7338
Signature:	Date:
Federal regulations require this form to be completed and signed by a healthcare provider authorized to write medical prescription under state law.	

WIC STAFF USE ONLY	
WIC Family ID:	
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	OTM Amount Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes, but unable to provide
Pending/Denial Details:	
Staff Name:	Staff Position: <input type="checkbox"/> RD <input type="checkbox"/> Nutritionist <input type="checkbox"/> CPPA
Staff Signature:	Approval Date:
WIC staff notes/additional details:	