

Georgia WIC Special Formula Order Form Legend

This document is intended to be a guide for completing the Georgia WIC Special Formula Order Form. Each numbered row of this document provides instructions for the corresponding numbered entry field on the Special Formula Order Form.

1.	Phone	Contact 404-463-1707 if you need to speak to someone regarding a special formula order
2.	Fax	Use fax number 404-657-1266 for all special formula orders being sent by fax
3.	E-Mail	SpecialFormula@dph.ga.gov is the e-mail contact used for all formula orders
4.	New Order	Check this box if this is your initial order for a participant, a new Medical Documentation Form (MDF) / Request for Medical Formulas (RMF) has been submitted, or if there are changes to a previous order requiring an update to the MDF/RMF
5.	Repeat Order	This box is checked if there are no changes from the initial order that was previously submitted
6.	Rush Order	Check "Y" for yes if your order needs expedited processing for delivery as soon as the next business day. Check "N" for no if the order is not a rush order. (Note: Rush orders must be received before 2:00 pm. Stock availability may affect delivery time.)
7.	Date Sent	Enter the date you are submitting the order to the State Office either by fax or e-mail
8.	SWO Notified	Either call 404-463-1707 or e-mail (SpecialFormula@dph.ga.gov) to advise that you are sending an order
9.	MDF/RMF Reviewed and Attached	Check this item after you have reviewed the MDF/RMF for completeness, and attached/included the MDF/RMF with the order
10.	Date of Next Cert	Enter the date (month and year) of the next certification
11.	Next Cert Type	This section is used to identify the type of certification the participant is due next: M = mid-cert or mid-assessment / H = half cert / S = subsequent cert
12.	Participant Name	Enter the first and last name of the WIC participant that is requesting the special formula
13.	WIC ID Number	Enter the participant's 11 Digit WIC ID number
14.	Date of Birth	Enter the participant's birth date (month/day/year) verifying that it matches the date of birth on the MDF/RMF
15.	Participant Type	Select the appropriate participant type – Woman, Child, or Infant
16.	Age at "First day to Use"	Enter the number of months and days from the infant's date of birth to the "First Day to Use" date printed on the voucher
17.	Feeding Type	Select the infant's current feeding type: FFF = fully formula fed / SBF = some breastfed / MBF = mostly breastfed
18.	199 Voucher Number	Voucher code 199 is used for all state ordered formulas. Enter the 199 voucher number printed on the clinic copy 199 voucher.
19.	"First Day to Use" Date	Enter the first date (month/day/year) the voucher can be used as indicated on the printed 199 voucher.

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20.	Diagnosis(es) & ICD 9/10	List all diagnoses and ICD-9/ICD10 documented on the attached MDF/RMF (other clarifying information can be documented at entry line 32)
21.	Formula/ Nutritional	Enter the full name of the WIC approved formula or nutritional that is requested
22.	Flavor	If applicable, enter the preferred flavor when there are flavor options. If no flavor option, enter "n/a" for not applicable. (Note: The unflavored option will be ordered if this section is left blank)
23.	Form	Identify if the product from is concentrate, powder or ready to feed (RTF). Indicate package size of RTF products if multiple size options are available. Check "other" if the above options are not applicable (i.e. packets, vials, etc.)
24.	Justify RTF and/or Container Size	Provide an explanation of the need for RTF when other forms of the product are available and/or the need for nursettes when another RTF size is available (e.g. 32 oz.)
25.	Estimated Time on Formula	Check for most restrictive of: MDF/RMF date of expiration, next cert, planned length of use, etc.
26.	Clinic Name	Print Clinic Name
27.	Clinic Contact	Provide the name and phone number of the person to contact at the clinic regarding the order
28.	Ship To	Identify the location where the formula is to be shipped (Clinic or Participant). Complete the shipping information including Parent name or clinic name as well as the full address where the formula will be shipped.
29.	District Contact	Provide the name and phone number of the person to contact at the district regarding the order
30.	Verified by	Enter the name of the formula order signatory in the district who has verified this special formula order. The signatory must also sign their name and include the best direct contact number should we have a question about the order
31.	Order Quantity Determination	See a-d below:
		a. Number of cans prescribed (based on the MDF/RMF)
		b. Number of cans allowed (your final calculation based on age and/or food restrictions, formula form, maximum amounts)
		c. Number of cans on hand (this includes prior formula you have on hand for this participant and/or formula received from another participant)
		d. Total number of cans need to order (31b minus 31c)
32.	Comments/ Additional Order Information	Use this area to convey any additional information that will be useful in clarifying the order. This could include items such as: "reduced amount ordered due to proration", NPO, or further explanation of formula choice
33.	Trading Database	Check this database for availability of the formula you're requesting prior to submitting your order – consider future orders when the current order is a rush
34.	WIC Formula Resources	Link to State WIC Office created resources for use in determining formula/nutritional authorizations and issuance amounts