

Special Formula Order Form



1. Phone: 404-657-2884 2. Fax: 404-657-2886 3. New Order____ 4. Repeat Order ____ 5. Rush Order Y ___ N ___ 6. Date Faxed _____ 7. SWO notified ____ 8. MDF Reviewed and Attached: _____ 9. Date of Next Cert: _____ 10. Next Cert Type: M___ H__ S___ 11. Name of Participant & WIC ID number: ______ 12. DOB _____ 13. Child Infant Woman 14. "First Day to Use" to be shown on voucher: 15. Voucher Code: <u>199</u> 16. Voucher Number: _____ 17. If Infant, AGE (months/days) as of "First Day to Use" date:_____ 18. Feeding Type: FFF___ SBF___ MBF____ 19. Diagnosis(es) & ICD9/10: 20. Name of formula: _____ ______ 21. Flavor (if applicable): ______ 22. Type of formula: Powder ____ Concentrate ____ RTF___ Other _____ 23. Justify RTF and/or container size: 24. Estimated Time on Formula: _____ (Most restrictive of: MDF1 date, next cert, planned length of use, etc.) 25. Print Clinic Name, Contact Person & Phone #: ______ 26. Ship formula to (Address/phone #): 27. Print District Contact (Name & Phone #): ______ 28. Verified by Name/Signature/Phone#:_____ 29. <u>New Orders</u> ONLY: a. # cans prescribed ______ b. # cans allowed _____ c. # cans on hand** _____ 30. Total # of cans needed: ______ 31. (SWO only: cases to order: _____ Amount Extra_____) 32. (SWO only: Nutrition Consultant signature/date 33. (SWO only: 2nd month O_____/N___/E_____ 3rd month O_____/N___/E____) 34. Additional Information: ___ 35. <u>Repeat Orders</u> ONLY (check which month): 2nd ___ 3rd ___ 4th ___ 5th ___ 6th ___ 36. a. # cans prescribed ______ b. # cans allowed _____ c. # cans on hand**_____ 37. Total # of cans needed: ______ 38. (SWO only: cases to order _____ Amount Extra_____) 39. Additional Information: ______ 40. Additional Comments: 41. District/Clinic Next Steps: Fax packing slip to SWO when formula is received **42. Check Trading Database:** https://sendss.state.ga.us/sendss/!WICFormula.screen

43. Common Formula Maximums:

http://dph.georgia.gov/sites/dph.georgia.gov/files/Common%20Formula%20Maximums%20FFY%202015%20revised%201-2015 0.pdf