

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: 199 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. District Contact (Print Name & Phone #): ____

28. Verified by Name/Signature/Phone#: ____

29. **New Orders 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. **Repeat Orders 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. District/Clinic Next Steps: Fax packing slip to SWO when formula is received

41. Check Trading Database: <https://sendss.state.ga.us/sendss/!WICFormula.screen>

42. Common Formula Maximums: <http://dph.georgia.gov/wic-formula-resources>