Georgia WIC
Special Formula Order Form

GEORGIA DEPARTMENT OF PUBLIC HEALTH

GEORGIA WIC Women, Infants & Children

1. Phone: 404-657-6353 2. Fax: 404-657-1226 3. E-mail: SpecialFormula@dph.ga.gov

4. New Order ☐ 5. Repeat Order ☐ 6. Rush Order: Y ☐ N ☐ 7. Date Sent: _____ 8. SWO Notified ☐

9. MDF Reviewed and Attached: ☐ 10. Date of Next Cert: _____ 11. Next Cert Type: M ☐ H ☐ S ☐

12. Participant Name: _____ 13. WIC ID Number: _____

14. Date of Birth: _____ 15. Participant Type: Woman ☐ Child ☐ Infant ☐

INFANTS ONLY	16. Age at "First Day to Use": ____ Months ___ Days 17. Feeding Type: FFF ☐ SBF ☐ MBF ☐

18. 199 Voucher Number: _____ 19. "First Day to Use" Date: _____

20. Diagnosis(es) & ICD9/10: _____

21. Formula/Nutritional: _____ 22. Flavor (if applicable): _____

23. Form: Powder ☐ Concentrate ☐ RTF ☐ (RTF Size: _____oz.) Other _____

24. Justify RTF and/or Container Size: _____

25. Estimated Time on Formula: _____ (Most restrictive of: MDF date, next cert, planned length of use, etc.)

26. Clinic Name: _____ 27. Clinic Contact: _____ Phone: _____

28. Ship To: ☐ Clinic ☐ Participant	Parent/Guardian Name OR Clinic Name: _____ Street: _____ Apt#/Suite: _____ City: _____ Zip: _____

29. District Contact: _____ Phone: _____

30. Verified by: (Name/Signature): _____ Phone: _____

31. Order Quantity Determination (New and Repeat Orders):

a. Cans prescribed: _____ b. Cans allowed: _____ c. Cans on hand: _____ d. Cans needed: _____

32. Comments: _____

_____

33. Trading Database: https://sendss.state.ga.us/sendss/!WICFormula.screen

34. Formula Resources: http://dph.georgia.gov/wic-formula-resources

** For State WIC Office Processing Only**				
Item Number	Cases to Order	Amount Extra	Consultant Signature/Date (New Orders Only):	
Date Ordered:	Invoice Cost:	Invoice #/Conf. #:	Account #:	Supplier:
				☐ Cardinal/Order Express ☐ Drop Ship/Manufacturer ☐ CAP

Revised Date: June 2020