

**FORMULAS AND WIC-ELIGIBLE NUTRITIONALS
ORDER FORM**

 Department of Health and Human Services
 Nutrition Services Branch (NSB)

Instructions: Complete Sections I – IV then fax the form to NSB at (919) 870-4898.
I. Contact Information for Competent Professional Authority (CPA) authorizing order

Order date _____ Name and title of CPA: _____

Phone # _____ Email _____ Fax # _____

II. Participant Information

First name _____ Last name _____ DOB _____

Participant ID # _____ Medicaid Yes No

List all specific participant medical condition(s) indicating the need for the product

III. Product Information Initial Order Reorder

Product Name _____

Flavor (if applicable) _____

<u>Product Type</u>	<u>Product manufacturer</u>	
Ready-to-Feed	Abbott	Mead Johnson
Concentrate	Nestle	Nutricia
Powder	Vitaflo	

Requested # Reconstituted Fluid Ounces (RFO's) _____

 If the amount requested is less than the maximum monthly amount *and* differs from the amount indicated by the health care provider, indicate if:

 Agency has a partial supply of _____ containers or _____ RFO's

 Client declines or does not use the maximum monthly amount

 Other _____

IV. Shipping Information

Local WIC Agency Name _____

Main Site Shipping Address _____

City / State _____ Zip Code _____

CPA signature _____ Date _____

Name

Date

State Office Use Only

Product _____ # cases _____ Order approved by/ date _____

Account # _____ PO # _____ Confirmation Order # _____

Ordered by/ date _____ Estimated delivery date _____

Order is for _____ containers. Issue _____ containers. Place remaining _____ containers in inventory.