



State Office Formula Order Form

Ordering Clinic completes sections A, B and C.

A. Clinic Information

Local Agency: _____

Ship to Clinic (if different): _____

Requestor: _____

Date: _____

HH ID/Part ID: _____

B. Product Information (include details such as calorie density, flavor, fiber, etc.)

Specific Product Requested: _____

New Request

Subsequent Request

State Number of Bottles/Tetra or Cans

State Number of Bottles/Tetra or Cans

Quantity for 1 mo: _____

Quantity for 1 mo: _____

If first month is a short month, then:

Quantity for 2 mos: _____

Quantity for add'l mo: _____

Quantity for 3 mos: _____

C. Documentation Completed/Verified

Prescription has all required fields completed

Signed by Person with Prescriptive Authority

Documentation is in Manage Notes by appropriate staff that included their approval of the product and the reason for formula change

D. State Office Only

Accepted: Reviewed By: _____ Order Date: _____

Denied reason: _____

Returned to complete?

Review: _____

The Montana State WIC office reserves the right to modify the formula order.

Email to: MontanaWICProgram@mt.gov