



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