

Texas WIC Medical Request for Metabolic Formula/Food

All requests are subject to WIC approval and provision based on program policy and procedure

A. Required Patient Information

Patient's Last Name: _____ First Name: _____ DOB: _____

Parent/Caregiver's Name: _____

Qualifying Condition/Diagnosis: _____

Measurements

Date: _____ Length/Height: _____ Weight: _____ If premature: Birth weight: _____ Weeks Gestation: _____

B. Formula and WIC Supplemental Foods

Requested length of issuance: 3 months 6 months Other:

Name of Formula(s)	Amount per Day	Unit Size	Units per Month

WIC Supplemental Foods (at 6 months of age) – for Infant

Unless indicated below, all supplemental foods will be provided. The RD/Nutritionist can determine the appropriate supplemental foods and amounts if left blank.

___ Formula only (no foods and increased amount of formula past 6 months of age due to inability or delay in consuming solids).

___ Omit – The foods indicated here need to be omitted from my patients' WIC Food Package: Infant Cereal Baby Foods

Special Instructions or Comments:

WIC Supplemental Foods – Children

Unless indicated below, all supplemental foods will be provided. The RD/Nutritionist can determine the appropriate supplemental foods and amounts if left blank.

___ Provide milk in addition to formula

___ None – Do not provide supplemental foods at this time; issue medical formula only

___ Omit – The foods indicated below need to be omitted from my patient's WIC food package:

Eggs Juice Peanut Butter Cheese Whole Grains Cereal Beans Fruits and Vegetables

___ Provide baby foods due to medical condition and inability to consume table foods

C. Required Health Care Provider (HCP) Information (List of Approved Metabolic Centers on reverse side)

Metabolic Nutritionist Name: _____ Phone No.: _____

Metabolic Center: _____ Phone No.: _____

Frequency of Contact: Monthly Quarterly Other

Signature/Stamp of HCP (MD, DO, PA, NP): _____ Date: _____

Provider's Name (Please Print): _____

Phone No: _____ Fax No.: _____



For WIC Use Only LA# _____

Phone: () _____

Fax: () _____

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Approved Metabolic Centers

Dell Children's Medical Center

Specially for Children

1301 Barbara Jordan Blvd., Suite 200
Austin, Texas 78723-3077

Main: 512-628-1840

FAX: 512-628-1891

UT Southwestern-Dallas Children's Medical Center

Genetics/Metabolics Division

2350 Stemmons, Mail Stop F3-43
1935 Medical District Drive
Dallas, Texas 75207

Metabolic 214-456-2123

Neurology 214-456-2621

FAX 214-456-2567

UT Southwestern Medical Center

(Adults Only)

5323 Harry Hines Blvd
Dallas, Texas 75390-8877

RD: 214-648-3111

Tuesdays Only

FAX: 214-648-1514

Border Children's Health Center - El Paso

2001 North Oregon
El Paso, Texas 79912

Main: 915-577-7888

FAX: 915-577-7890

Cook Children's Medical Center

Cook's Children's Metabolics Genetics Clinic

1300 West Lancaster Suite 204
Fort Worth, Texas 76102

Main: 682-885-2170

FAX: 682-885-6903

UTMB

University of Texas Medical Branch - Department of Pediatrics

3.350 Children's Hospital
301 University Blvd.
Galveston, Texas 77555-0359

Main: 409-772-3466

FAX: 409-772-9595

Baylor College of Medicine

Texas Children's Hospital

Dept. Molecular & Human Genetics
6701 Fannin Street, CCC-1560
Houston, Texas 77030-2399

Main: 832-822-4274

FAX: 832-825-4294

University of Texas Health Science Center - Houston

Department of Pediatrics

6431 Fannin Street, MS B3.147
Houston, Texas 77030

Main-713-743-2244 x29

Appt.713-500-5765

FAX: 713-500-5689

Clinical Genetics

725 East Esperanza Suite A
McAllen, Texas 78501

Dr. Macias: 956-686-2920

FAX: 956-686-2686

US Armed Forces-San Antonio

59 MDW/MMNP
2200 Berquist Drive, Suite 1
Lackland AFB, 78236-5300

Main: 210-292-7329

Pediatric Specialty Center at Bay Colony

2785 Gulf Freeway South, Ste 2.200
League City 77573

409-772-3695

STATE of TEXAS-WIC Office

Administrative Assistance only

4616 West Howard Lane, Suite 840
Austin, Texas 78728

512-341-4576

512-341-4557

512-341-4578

512-341-4579