

# 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



## 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: 512-628-1841  
RD: 512-628-1993

### **UT Southwestern-Dallas Children's Medical Center**

#### **Genetics/Metabolics Division**

2350 Stemmons, Mail Stop F3-43  
1935 Medical District Drive  
Dallas, Texas 75235

Metabolic 214-456-2123  
Neurology 214-456-2621  
FAX 214-456-2567  
RD : 214-456-2133  
FAX RD 214-456-2567

### **UT Southwestern Medical Center**

#### **(Adults Only)**

5323 Harry Hines Blvd  
Dallas, Texas 75390-8877

RD: 214-648-6299  
Tuesdays Only  
FAX: 214-648-1514

### **Border Children's Health Center - El Paso**

2001 North Oregon  
El Paso, Texas 79912

Main: 915-577-7888  
RD: 915-577-7891  
FAX: 915-577-7890  
Pager 915-663-0766  
915-577-6786

### **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  
RD: 682-885-2176  
RD FAX: 682-885-5973

### **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  
RD: 409-772-9787

### **Baylor College of Medicine**

#### **Texas Children's Hospital**

#### **Dept. Molecular & Human Genetics**

6701 Fannin Street, MC3-3370  
Houston, Texas 77030-2399

Main: 832-822-4274  
FAX: 832-825-4294  
RD: 832-822-1044  
RD: 832-822-4274

### **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  
RD: 713-500-7098  
RN: 713-500-5765

### **Clinical Genetics**

725 East Esperanza Suite A  
McAllen, Texas 78501

Dr. Macias: 956-686-2920  
FAX: 956-686-2686  
RD: 956-664-0026

### **US Armed Forces-San Antonio**

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

Main: 210-916-4256

### **Pediatric Specialty Center at Bay Colony**

2785 Gulf Freeway South, Ste 2.200  
League City 77573

See UTMB for scheduling

### **STATE of TEXAS-WIC Office**

#### **Administrative Assistance only**

4616 West Howard Lane, Suite 840  
Austin, Texas 78728

512-341-4576  
512-341-4577  
512-341-4578  
512-341-4579