Print Form

Medical Documentation for Soy Beverage, Tofu or Additional WIC Cheese

Patient's Name: _____ Date of Birth: _____

Medical documentation is required for **children** when substituting soy beverage, tofu or additional WIC cheese for cow's milk.

This **child** (12 months through 4 years of age) cannot drink fluid cow's milk due to the WIC Qualifying Condition checked below:

- ☐ Cow's milk allergy (soy beverage or tofu is medically authorized)
- ☐ Severe lactose maldigestion (soy beverage, tofu or additional cheese is medically authorized)
- ☐ Vegan diet preference (soy beverage or tofu is medically authorized)

Soy beverage does not require medical documentation for **women**. Depending on the **woman's WIC status**, she may choose to replace up to 3 quarts of milk for **tofu** without medical documentation. Medical documentation is required for women when substituting additional tofu or WIC cheese for cow's milk.

This **woman** cannot drink fluid cow's milk due to the WIC Qualifying Condition checked below:

- ☐ Cow's milk allergy (additional tofu is medically authorized)
- ☐ Severe lactose maldigestion (additional tofu or cheese is medically authorized)

Length of issuance: ☐ 1 MO ☐ 2 MO ☐ 3 MO ☐ 4 MO ☐ 5 MO ☐ 6 MO

Can WIC provide the maximum issuance of soy beverage, tofu or additional WIC cheese?: ☐ YES ☐ NO

Comments: _____

SIGNATURE OF PRESCRIBING HEALTH CARE PROVIDER (HCP)

Date of Request: _____

Signature: (include credentials) _____

Name: (Please print) _____

Contact Phone:(_____) _____ Fax:(_____) _____

Address: _____

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