eWIC Longs Drugs Order form

Month 1	
Client ID Number	
Client Name	
Caregiver Name	
eWIC Card No. (16 digits)	
Phone Number	
Longs Store Name and No.	
First Use Date	
Last Use Date	
Formula Name	
Formula Amount	
UPC Number	
Comments:	

***For Pediasure No Fiber & Peptamen Jr: Specify flavor(s) & amount(s) you are ordering in Comments.**

Month 2	
First Use Date	
Last Use Date	
Formula Name	
Formula Amount	
Comments:	

***For Pediasure No Fiber & Peptamen Jr: Specify flavor(s) & amount(s) you are ordering in Comments.**

Month 3	
First Use Date	
Last Use Date	
Formula Name	
Formula Amount	
Comments:	

***For Pediasure No Fiber & Peptamen Jr: Specify flavor(s) & amount(s) you are ordering in Comments.**

WIC HAWAII

This institution is an equal opportunity provider.