



"Your Complete Medical Department Store"

WIC Formula Order Form

Fax this to WIC's private # : (800) 276-1380

WIC's private direct phone #: (866) 438-8218

Corporate Toll Free Switchboard #: (800) 755-2432

Email Address: wic@e-medco.com

Date:		Person Faxing:		WIC Clinic # or Name:	
Clinic Fax #:			Clinic Phone #		
Child's Name:		Girl or Boy		Child's Date of Birth:	
Parent/Guradian's Name:				Child's Medicaid Number:	
Ship to Street Address (Apt #)				Phone # at Ship to Address:	
City:		County:		Zip:	TEXAS
Formula ordered and quantity. Any Special Delivery Instructions? (ie. Clinic or Home) <u>Will Break cases.</u>					
Please include a copy of signed voucher with this fax so we can ship on first spend date. If customer has voucher we will ship when we receive the "original" signed voucher.			Check one of the below		
			<input type="checkbox"/> <u>Clinic</u> to mail signed voucher to Medco		
<input type="checkbox"/> <u>Clinic Holding</u> voucher for pickup.			<input type="checkbox"/> <u>Family</u> to mail signed voucher to Medco.		
AREA BELOW IS FOR MEDCO OFFICE USE					
Voucher #:		CSR Initials:		For Office Use Only	
Spend dates: (from-to)					
W/O #:		Location # Branch #			

Thank you for using MEDCO