Pharmaceutical Cancer Treatments
Paediatric Oncology/Haematology Notification Form

Return completed form to: Exceptional Circumstances Panel Coordinator
Phone: 04 916 7553
Fax: 09 523 6870

Patient details	
Last name	
First name	
Date of birth	
NHI number	

Prescribing practitioner details	
Last name	
First name	
NZMC number	

Dispensing pharmacy	
DHB	
Hospital	
Fax number	

Indication

Treatment	
Chemical name	
Formulation	
Brand	
Pharmacode	
Start date	

Contact name	Phone number

A197090

Fax completed form to (09) 523 6870
(diverts to Wellington)