

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

APPLICANT (stamp or sticker acceptable) **PATIENT NHI:** **REFERRER** Reg No:

Reg No: First Names: First Names:

Name: Surname: Surname:

Address: DOB: Address:

..... Address:

.....

Fax Number: Fax Number:

Alendronate for Paget's Disease (Alendronate Tab 40 mg)

INITIAL APPLICATION

Applications only from a relevant specialist. Approvals valid for 6 months.

Prerequisites (tick boxes where appropriate)

Paget's disease

and

Bone or articular pain

or

Bone deformity

or

Bone, articular or neurological complications

or

Asymptomatic disease, but risk of complications due to site (base of skull, spine, long bones of lower limbs)

or

Preparation for orthopaedic surgery

RENEWAL

Current approval Number (if known):.....

Applications only from a relevant specialist. Approvals valid for 6 months.

Prerequisites (tick box where appropriate)

The treatment remains appropriate and the patient is benefiting from treatment

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Ministry of Health, Private Bag 3015, Wanganui – Fax: 0800 100 131