

Special Circumstance Application form for Acitretin/Isotretinoin

Please fax this form to: Ministry of Health, Sector Services – 0800 100 131

Note: The Special Circumstance approval number will only cover repeat dispensings of acitretin or isotretinoin where the original was dispensed prior to 1 March 2009. Any original dispensing made on or after 1 March 2009 will require a Special Authority approval number.

PHARMACY INFORMATION

| | | | |
|-----------------|--|------------|--|
| Claimant Number | | | |
| Claimant Name | | | |
| Contact Person | | | |
| Phone Number | | Fax Number | |

PRESCRIBER INFORMATION

| | |
|---------|--|
| MCNZ | |
| Name | |
| Address | |

PATIENT INFORMATION

| | |
|---------------|--|
| NHI Number | |
| Surname | |
| First Name | |
| Address | |
| Date of Birth | |

PHARMACEUTICAL INFORMATION

| | | | |
|------------------------------|------------------------------------|---------------------------------------|--|
| Prescription Number | | First Dispensed | |
| Period of supply | | | |
| Pharmaceutical (please tick) | Acitretin <input type="checkbox"/> | Isotretinoin <input type="checkbox"/> | |