

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:

Levonorgestrel – releasing intrauterine system 20µg/24 hr

INITIAL APPLICATION - No previous use

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

Prerequisites (tick boxes, and write the data requested in the space provided where appropriate)

The patient has a clinical diagnosis of heavy menstrual bleeding

and

The patient has failed to respond to or is unable to tolerate other appropriate pharmaceutical therapies as per the Heavy Menstrual Bleeding Guidelines

and

serum ferritin level: < 16 µg/l (within the last 12 months)

or

haemoglobin level: < 120 g/l

Note:

Applications are not to be made for use in patients as contraception except where they meet the above criteria.

INITIAL APPLICATION - Previous use before 1 October 2002

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

Prerequisites (tick boxes, and write the data requested in the space provided where appropriate)

The patient had a clinical diagnosis of heavy menstrual bleeding

and

Patient demonstrated clinical improvement of heavy menstrual bleeding

and

Applicant to state date of the previous insertion:

Note:

Applications are not to be made for use in patients as contraception except where they meet the above criteria.

RENEWAL

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

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

Prerequisites (tick boxes, and write the data requested in the space provided where appropriate)

Patient demonstrated clinical improvement of heavy menstrual bleeding

or

Previous insertion was removed or expelled within 3 months of insertion

and

Applicant to state date of the previous insertion:

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

Signed: Date: