

# 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: .....

## Finasteride

### INITIAL APPLICATION

Applications from any relevant practitioner. Approvals valid without further renewal unless notified.

#### Prerequisites (tick boxes where appropriate)

Patient has symptomatic benign prostatic hyperplasia

and

The patient is intolerant of non-selective alpha blockers or these are contraindicated

or

Symptoms are not adequately controlled with non-selective alpha blockers

#### Note:

Patients with enlarged prostates are the appropriate candidates for therapy with finasteride.

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**