

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:

Multivitamins (Ketovite; Ketovite; Paediatric Seravit)

INITIAL APPLICATION

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

Prerequisites (tick boxes where appropriate)

The patient has inborn errors of metabolism

or

For use as a supplement to a ketogenic diet in patients diagnosed with epilepsy

RENEWAL

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

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

Prerequisites (tick box where appropriate)

Patient has had a previous approval for multivitamins

Note:

Use of Paediatric Seravit is not recommended as a supplement to a ketogenic diet.

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