

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:

Mycophenolate

INITIAL APPLICATION

Applications only from a relevant specialist. Approvals valid without further renewal unless notified.

Prerequisites (tick boxes where appropriate)

Renal transplant recipient

or

Heart transplant recipient

or

Liver transplant recipient

or

Patient has an organ transplant and has severe tophaceous gout making azathioprine unsuitable

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