

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:

Diabetic Products (Diasip; Diason; Glucerna; Glucerna RTH; Resource Diabetic; Resource Diabetic RTH)

INITIAL APPLICATION

Applications only from a relevant specialist. Approvals valid for 1 year.

Prerequisites (tick boxes where appropriate)

Type I and II diabetics who require nutritional supplementation

and

The product is to be used as a supplement (maximum 500 ml per day)

or

The product is to be used as a complete diet

RENEWAL

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

Applications only from a relevant specialist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 1 year.

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

The treatment remains appropriate and the patient is benefiting from treatment

and

The product is to be used as a supplement (maximum 500 ml per day)

or

The product is to be used as a complete diet

and

General Practitioners must include the name of the specialist and date contacted:

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