

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:

Gluten Free Foods (Gluten Free Bread Mix 100% Bakels; Healtheries Wheat and Gluten Free Baking; Horleys Bread Mix; Horleys Flour; NZB Low Gluten Bread Mix; Orgran)

INITIAL APPLICATION

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

Prerequisites (tick boxes where appropriate)

Gluten enteropathy has been diagnosed by biopsy

or

Patient suffers from dermatitis herpetiformis

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