
LAMOTRIGINE BRAND CHANGE:
INVOICE FOR REIMBURSEMENT OF WAIVED
PATIENT CO-PAYMENT FEES.

Date (dd-mm-yy)

Phone Number

- -

Practice Name

Practice Address

GST

- -

Bank Account Name

Bank Account Number

- - -

Please provide a bank
deposit slip, or a
screenshot showing
name of supplier/
provider and the bank
account number

By signing below, you verify that:

1. The patient has received the Logem brand of lamotrigine for the first time, and
2. The patient has returned requiring additional support and counselling regarding their medication brand change within 5 months of changing to the Logem brand of lamotrigine

Name

Designation

Signed

Submit completed invoice and patient details
form to PHARMAC via:

E-mail: enquiry@pharmac.govt.nz

Fax: 04 460 4995

PATIENT DETAILS FORM

Patient NHI

Consultation Date (dd-mm-yy)

- -

Value of co-payment fee waived

Indication for lamotrigine prescription

Patient NHI

Consultation Date (dd-mm-yy)

- -

Value of co-payment fee waived

Indication for lamotrigine prescription

Patient NHI

Consultation Date (dd-mm-yy)

- -

Value of co-payment fee waived

Indication for lamotrigine prescription

Patient NHI

Consultation Date (dd-mm-yy)

- -

Value of co-payment fee waived

Indication for lamotrigine prescription

Total amount (incl GST):

(Additional pages can be completed if required).