

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:

Enoxaparin sodium

Initial application — Pregnancy, Malignancy or Haemodialysis
Applications from any relevant practitioner. Approvals valid for 1 year.
Prerequisites(tick boxes where appropriate)

- Low molecular weight heparin treatment is required during a patients pregnancy
- or
- For the treatment of venous thromboembolism where the patient has a malignancy
- or
- For the prevention of thrombus formation in the extra-corporeal circulation during haemodialysis

Initial application — Venous thromboembolism other than in pregnancy or malignancy
Applications from any relevant practitioner. Approvals valid for 1 month.
Prerequisites(tick boxes where appropriate)

- For the short-term treatment of venous thromboembolism prior to establishing a therapeutic level of oral anti-coagulant treatment
- or
- For the prophylaxis and treatment of venous thromboembolism in high risk surgery
- or
- To enable cessation/re-establishment of existing oral anticoagulant treatment pre/post surgery
- or
- For the prophylaxis and treatment of venous thromboembolism in Acute Coronary Syndrome surgical intervention
- or
- To be used in association with cardioversion of atrial fibrillation

Renewal — Pregnancy, Malignancy or Haemodialysis

Current approval Number (if known):.....
Applications from any relevant practitioner. Approvals valid for 1 year.
Prerequisites(tick boxes where appropriate)

- Low molecular weight heparin treatment is required during a patient's pregnancy
- or
- For the treatment of venous thromboembolism where the patient has a malignancy
- or
- For the prevention of thrombus formation in the extra-corporeal circulation during haemodialysis

Renewal — Venous thromboembolism other than in pregnancy or malignancy

Current approval Number (if known):.....
Applications from any relevant practitioner. Approvals valid for 1 month.
Prerequisites(tick box where appropriate)

- Low molecular weight heparin treatment or prophylaxis is required for a second or subsequent event (surgery, ACS, cardioversion, or prior to oral anti-coagulation)

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 – email: customerservice@health.govt.nz