Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA1108
November 2021

APPLICANT (stamp or sticker acceptable)

Reg No: ....

Name: ....

Address: ....

....

....

Fax Number: ....

PATIENT NHI: ....

First Names: ....

Surname: ....

DOB: ....

Address: ....

....

....

REFERRER Reg No: ....

First Names: ....

Surname: ....

Address: ....

....

....

Fax Number: ....

Foods and Supplements For Inborn Errors Of Metabolism

(Easiphen Liquid; Loprofin Mix; Loprofin; Minaphlex; MSUD Maxamaid; MSUD Maxamum; Phlexy 10; PKU Anamix Junior LQ; PKU Lophlex LQ; PKU Anamix Infant; XP Maxamaid; XP Maxamum; XMET Maxamum)

Initial application
Applications only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid without further renewal unless notified.
Prerequisites(tick boxes where appropriate)

- ☐ Dietary management of homocystinuria

or

- ☐ Dietary management of maple syrup urine disease

or

- ☐ Dietary management of phenylketonuria (PKU)

or

- ☐ For use as a supplement to the Ketogenic diet in patients diagnosed with epilepsy

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