Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA1403
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: ....

Riluzole

Initial application
Applications only from a neurologist or respiratory specialist. Approvals valid for 6 months.
Prerequisites(tick boxes where appropriate)

☐ The patient has amyotrophic lateral sclerosis with disease duration of 5 years or less
and ☐ The patient has at least 60 percent of predicted forced vital capacity within 2 months prior to the initial application
and ☐ The patient has not undergone a tracheostomy
and ☐ The patient has not experienced respiratory failure
and
- ☐ The patient is ambulatory
- **or** ☐ The patient is able to use upper limbs
- **or** ☐ The patient is able to swallow

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

Applications from any relevant practitioner. Approvals valid for 18 months.
Prerequisites(tick boxes where appropriate)

☐ The patient has not undergone a tracheostomy
and ☐ The patient has not experienced respiratory failure
and
- ☐ The patient is ambulatory
- **or** ☐ The patient is able to use upper limbs
- **or** ☐ The patient is able to swallow

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