

**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: .....

**Fat** (Calogen; Liquigen; MCT oil (Nutricia))

**Initial application — Inborn errors of metabolism**

Applications only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 3 years.

**Prerequisites**(tick box where appropriate)

The patient has inborn errors of metabolism

**Initial application — Indications other than inborn errors of metabolism**

Applications only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year.

**Prerequisites**(tick boxes where appropriate)

- Faltering growth in an infant/child
- or  Bronchopulmonary dysplasia
- or  Fat malabsorption
- or  Lymphangiectasia
- or  Short bowel syndrome
- or  Infants with necrotising enterocolitis
- or  Biliary atresia
- or  For use in a ketogenic diet
- or  Chyle leak
- or  Ascites
- or  For use as a component in a modular formula made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk

Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

**Renewal — Inborn errors of metabolism**

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

Applications only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 3 years.

**Prerequisites**(tick box, and write the data requested in the space provided where appropriate)

- The treatment remains appropriate and the patient is benefiting from treatment
- and**  
General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted .....

**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](mailto:customerservice@health.govt.nz)

<b>APPLICANT</b> (stamp or sticker acceptable)	<b>PATIENT NHI:</b> .....	<b>REFERRER</b> Reg No: .....
Reg No: .....	First Names: .....	First Names: .....
Name: .....	Surname: .....	Surname: .....
Address: .....	DOB: .....	Address: .....
.....	Address: .....	.....
.....	.....	.....
Fax Number: .....	.....	Fax Number: .....

**Fat** (Calogen; Liquigen; MCT oil (Nutricia)) - *continued*

**Renewal — Indications other than inborn errors of metabolism**

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

Applications only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year.

**Prerequisites**(tick box, and write the data requested in the space provided where appropriate)

<input type="checkbox"/>	The treatment remains appropriate and the patient is benefiting from treatment
<b>and</b>	General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted .....

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](mailto:customerservice@health.govt.nz)