Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2300
May 2024

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: .....

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 from any relevant practitioner. Approvals valid without further renewal unless notified.

Prerequisites(tick boxes where appropriate)

☐ Dietary management of inherited metabolic disease

or

☐ For use as a supplement to a 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