

<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: .....

**Paediatric Products**

**Initial application**

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

**Prerequisites**(tick boxes where appropriate)

<input type="checkbox"/> Child is aged one to ten years <b>and</b> <input type="checkbox"/> The child is being fed via a tube or a tube is to be inserted for the purposes of feeding <b>or</b> <input type="checkbox"/> Any condition causing malabsorption <b>or</b> <input type="checkbox"/> Faltering growth in an infant/child <b>or</b> <input type="checkbox"/> Increased nutritional requirements <b>or</b> <input type="checkbox"/> The child is being transitioned from TPN or tube feeding to oral feeding
---

**Renewal**

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)