

<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: .....

**Combined oral contraceptives; Progestogen-only contraceptives (Circle one)**

**Initial application**

Applications from any medical practitioner. Approvals valid for 2 years.

**Prerequisites**(tick boxes where appropriate)

<input type="checkbox"/> Patient is on a Social Welfare benefit <b>or</b> <input type="checkbox"/> Patient has an income no greater than the benefit <b>and</b> <input type="checkbox"/> Has tried at least one of the fully funded options and has been unable to tolerate it
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**Renewal**

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

Applications from any medical practitioner. Approvals valid for 2 years.

**Prerequisites**(tick boxes where appropriate)

<input type="checkbox"/> Patient is on a Social Welfare benefit <b>or</b> <input type="checkbox"/> Patient has an income no greater than the benefit
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Note: The approval numbers of Special Authorities approved after 1 November 1999 are interchangeable between Mercilon and Marvelon. The additional subsidy will fund Mercilon and Marvelon up to the manufacturer's price for each of these products as identified on the Schedule at 1 November 1999.

Special Authorities approved before 1 November 1999 remain valid until the expiry date and can be renewed providing that women are still either:

- on a Social Welfare benefit; or
- have an income no greater than the benefit.

The approval numbers of Special Authorities approved before 1 November 1999 are interchangeable for products within the combined oral contraceptives and progestogen-only contraceptives groups, except Loette and Microgynon 20 ED

**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)