Enquiries to Ministry of Health 0800 855 066

## APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Page 1 Form SA2205 January 2025

		oundary 2020
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 Modified Products (Monogen)		
Initial application — Inborn errors of metabolism Applications only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid without further renewal unless notified.  Prerequisites(tick box where appropriate)  The patient has an inborn error of metabolism  Application — Indications other than errors of inborn metabolism Applications only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year.  Prerequisites(tick boxes where appropriate)  Patient has a chyle leak  or  Modified as a modular feed, made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule, for adults		
Note: Patients are required to meet any Special A	authority criteria associated with all of the products us	ed in the modular formula.
	ist, vocationally registered general practitioner or gen red general practitioner. Approvals valid for 1 year.	eral practitioner on the recommendation of a
and General Practitioners must include the	e and the patient is benefiting from treatment name of the dietitian, relevant specialist or vocational	