

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

## **Mercaptopurine**

### **Initial application**

Applications only from a paediatric haematologist or paediatric oncologist. Approvals valid for 12 months.

**Prerequisites**(tick box where appropriate)

☐ The patient requires a total dose of less than one full 50 mg tablet per day

### **Renewal**

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

Applications only from a paediatric haematologist or paediatric oncologist. Approvals valid for 12 months.

**Prerequisites**(tick box where appropriate)

☐ Patient still requires a total dose of less than one full 50 mg tablet per day

**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)**