Enquiries to Ministry of Health 0800 855 066

## APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Page 1 **Form SA1195** November 2025

APPLICANT (stamp or sticker acceptable)		PATIENT NHI:	REFERRER Reg No:		
Reg N	lo:	First Names:	First Names:		
Name	:	Surname:	Surname:		
Addre	ss:	DOB:	Address:		
		Address:			
Fax Number:			Fax Number:		
High	Calorie Products (Two Cal HN; Nutriso	n Concentrated)			
Appli	l application — Cystic fibrosis cations only from a dietitian, relevant specialic equisites (tick boxes where appropriate)	st or vocationally registered general practitioner. App	rovals valid for 3 years.		
	Cystic fibrosis				
	Other lower calorie products have been tried				
	Patient has substantially increased	d metabolic requirements			
	Any condition causing malator  and  Other lower calorie products have	/child ments	Tovais valid for 1 year.		
Rene	ewal — Cystic fibrosis				
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 3 years.  Prerequisites(tick box, and write the data requested in the space provided where appropriate)					
	The treatment remains appropriate	e and the patient is benefiting from treatment			
	General Practitioners must include the r	name of the dietitian, relevant specialist or vocationall			

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Reg No:	First Names:	First Names:			
Name:	Surname:	Surname:			
Address:	DOB:	Address:			
	Address:				
Fax Number:		Fax Number:			
High Calorie Products (Two Cal HN; Nutrison Concentrated) - continued					
Renewal — Indications other than cystic fibrosis					
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)					
The treatment remains appropriate and the patient is benefiting from treatment and  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.