Enquiries to Ministry of Health 0800 855 066

## APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

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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:
Protein (Protifar; Promod; Resource Beneprotein)		
Initial application Applications only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year.  Prerequisites(tick boxes where appropriate)  Protein losing enteropathy  or  High protein needs  or  For use as a component in a modular formula made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk  Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.		
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)		
rierequisites (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.