Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA1729
December 2025

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: .....

Gluten Free Foods (Bakels Gluten Free Health Bread Mix; Horleys Bread Mix; Horleys Flour; NZB Low Gluten Bread Mix; Orgran; Healtheries Simple Baking Mix)

Initial application — all patients
Applications only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid without further renewal unless notified.
Prerequisites(tick boxes where appropriate)

- ☐ Gluten enteropathy has been diagnosed by biopsy

or

- ☐ Patient suffers from dermatitis herpetiformis

Initial application — paediatric patients diagnosed by ESPGHAN criteria
Applications only from a paediatric gastroenterologist. Approvals valid without further renewal unless notified.
Prerequisites(tick box where appropriate)

- ☐ The paediatric patient fulfils ESPGHAN criteria for biopsy free diagnosis of coeliac disease

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: ..... Date: .....
Post application to Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz