

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

## **Finasteride**

### **Initial application**

Applications from any relevant practitioner. Approvals valid without further renewal unless notified.

#### **Prerequisites**(tick boxes where appropriate)

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Patient has symptomatic benign prostatic hyperplasia                                   |
| <b>and</b>               |  |
| <input type="checkbox"/> | The patient is intolerant of non-selective alpha blockers or these are contraindicated |
| <b>or</b>                |  |
| <input type="checkbox"/> | Symptoms are not adequately controlled with non-selective alpha blockers               |

**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](mailto:customerservice@health.govt.nz)