Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA1327
February 2026

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: .....

Propranolol

Initial application
Applications from any relevant practitioner. Approvals valid for 2 years.
Prerequisites(tick boxes where appropriate)

- ☐ For the treatment of a child under 12 years with an haemangioma causing functional impairment (not for cosmetic reasons only)

or

- ☐ For the treatment of a child under 12 years with cardiac arrthymias or congenital cardiac abnormalities

Renewal

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

Applications from any relevant practitioner. Approvals valid for 2 years.
Prerequisites(tick boxes where appropriate)

- ☐ For the treatment of a child under 12 years with an haemangioma causing functional impairment (not for cosmetic reasons only)

or

- ☐ For the treatment of a child under 12 years with cardiac arrthymias or congenital cardiac abnormalities

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