

<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: .....	

### **Paromomycin**

#### **Initial application**

Applications only from an infectious disease specialist, clinical microbiologist or gastroenterologist. Approvals valid for 1 month.

**Prerequisites**(tick boxes where appropriate)

or

<input type="checkbox"/>	Patient has confirmed cryptosporidium infection
<input type="checkbox"/>	For the eradication of Entamoeba histolytica carriage

#### **Renewal**

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

Applications only from an infectious disease specialist, clinical microbiologist or gastroenterologist. Approvals valid for 1 month.

**Prerequisites**(tick boxes where appropriate)

<input type="checkbox"/>	Patient has confirmed cryptosporidium infection
<input type="checkbox"/>	For the eradication of Entamoeba histolytica carriage

**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)