

**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)

or

Gluten enteropathy has been diagnosed by biopsy

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