

<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: .....
.....	Address: .....	.....
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Fax Number: .....	.....	Fax Number: .....

**Gluten Free Foods** (Bakels Gluten Free Health Bread Mix; Horleys Bread Mix; Horleys Flour; NZB Low Gluten Bread Mix; Orgran; Healthies 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	<input type="checkbox"/> Gluten enteropathy has been diagnosed by biopsy  <input type="checkbox"/> Patient suffers from dermatitis herpetiformis
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**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)