APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2513
May 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: .....

Tetracycline

Initial application
Applications from any relevant practitioner. Approvals valid for 3 months.
Prerequisites(tick boxes where appropriate)

☐ For the eradication of helicobacter pylori following unsuccessful treatment with appropriate first-line therapy

and

☐ For use only in combination with bismuth as part of a quadruple therapy regimen

Renewal

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

Applications from any relevant practitioner. Approvals valid for 3 months.
Prerequisites(tick boxes where appropriate)

☐ For the eradication of helicobacter pylori following unsuccessful treatment with, or noncompletion of second line therapy

and

☐ For use only in combination with bismuth as part of a quadruple therapy regimen

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