Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA1197
June 2026

APPLICANT (stamp or sticker acceptable)

Reg No: ....

Name: ....

Address: ....

....

....

Fax Number: ....

PATIENT NHI: ....

First Names: ....

Surname: ....

DOB: ....

Address: ....

....

....

REFERRER Reg No: ....

First Names: ....

Surname: ....

Address: ....

....

....

Fax Number: ....

High fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate (KetoCal)

Initial application
Applications only from a metabolic physician or paediatric neurologist. Approvals valid for 3 months.
Prerequisites(tick box where appropriate)

☐ The patient has intractable epilepsy, pyruvate dehydrogenase deficiency or glucose transported type-1 deficiency and other conditions requiring a ketogenic diet

Renewal

Current approval Number (if known):..

Applications only from a metabolic physician or paediatric neurologist. Approvals valid for 2 years.
Prerequisites(tick box where appropriate)

☐ The patient is on a ketogenic diet and the patient is benefiting from the diet

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