

|  |                           |                               |
|--|---------------------------|-------------------------------|
| <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: .....            | .....                         |
| .....  | .....                     | .....                         |
| Fax Number: .....                              | .....                     | Fax Number: .....             |

**Deferiprone**

**Initial application**

Applications only from a haematologist. Approvals valid without further renewal unless notified.

**Prerequisites**(tick boxes where appropriate)

|  |
|--|
| <input type="checkbox"/> The patient has been diagnosed with chronic iron overload due to congenital inherited anaemia |
| <b>or</b>  |
| <input type="checkbox"/> The patient has been diagnosed with chronic iron overload due to acquired red cell aplasia    |

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)