

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:

Propranolol

Initial application
Applications from any relevant practitioner. Approvals valid for 2 years.
Prerequisites(tick boxes where appropriate)

<p>or</p> <p><input type="checkbox"/> For the treatment of a child under 12 years with an haemangioma causing functional impairment (not for cosmetic reasons only)</p> <p><input type="checkbox"/> For the treatment of a child under 12 years with cardiac arrhythmias or congenital cardiac abnormalities</p>

Renewal
Current approval Number (if known):.....
Applications from any relevant practitioner. Approvals valid for 2 years.
Prerequisites(tick boxes where appropriate)

<p>or</p> <p><input type="checkbox"/> For the treatment of a child under 12 years with an haemangioma causing functional impairment (not for cosmetic reasons only)</p> <p><input type="checkbox"/> For the treatment of a child under 12 years with cardiac arrhythmias or congenital cardiac abnormalities</p>

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