

**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: .....

**Benzbromarone**

**Renewal**

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

Applications from any relevant practitioner. Approvals valid for 2 years.

**Prerequisites**(tick boxes where appropriate)

- The treatment remains appropriate and the patient is benefitting from the treatment
- and**
- There is no evidence of liver toxicity and patient is continuing to receive regular (at least every three months) liver function tests

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)