

Fax signed prescription form to 0800 11 83 22

PRESCRIPTION FORM FOR SPECIAL AUTHORITY FOOD

Patient to Complete:	Patient's Full Name: _____	CUST NO: # _____
	Postal Address: _____	
	Special Instructions: _____	
	Phone Number: _____	Mum: Deidre _____
	Approval Number: Hosp # _____	Correct lifetime _____ Cell Phone _____
	Email Address: _____	PAYMENT: _____
	Comm Service Card or Gold	Expiry Date: / / 201 Date of Birth: _____
	High User Health Card	Expiry Date: / / 201 we only require the expiry dates on cards
Prescription Subsidy Card	Expiry Date: / / 201 Patient's Fax Number: _____	

Doctor to complete:	PHO Registered _____ YES _____	CORRECT NHI # _____
	Medical Centre: _____	Address: _____
	Doctor's Name: _____	
	MC Number: _____	Phone: _____ Fax: _____
	Signature: _____	Date: _____
Co- Value Status	Y J A Z	EXEMPT
	1 3 4	YES / NO

This prescription is valid for 3 months once it is dated - Goods prescribed will be delivered all at once (no repeats) **Freight Free for Hospital to Home Program.**

	Produce Description	Packet Size	Packets per case	No. of Packets Requested	Number of Packets sent OFFICE USE ONLY
ORGRAN PASTA				//////////	
1	10024 Orgran Corn & Vegetable Spirals	250gm	9	Pkts	X 250GM
2	10004 Orgran Rice & Millet Spirals	250gm	9	Pkts	X 250GM
3	10008 Orgran Buckwheat Spirals	250gm	9	Pkts	X 250GM
4	10014 Orgran Vegetable & Rice Spirals	250gm	9	Pkts	X 250GM
5	10038 Orgran Rice & Maize Pasta Spirals	250gm	9	Pkts	X 250GM
6	11045 Orgran Corn & Vegetable SHELLS	250gm	9	Pkts	X 250GM
7	12035 Orgran Rice & Corn Macaroni	250gm	9	Pkts	X 250GM
8	12079 Orgran Rice & Corn Penne	250gm	9	Pkts	X 250gm
ORGRAN SPAGHETTI NOODLES				//////////	
9	12101 Orgran Rice & Corn Spaghetti/Noodles	375gm	6	Pkts	X 375GM
ORGRAN LASAGNE SHEETS				//////////	
10	12106 Orgran Rice & Corn Lasagne Sheets	200gm	5	Pkts	X 200GM
ORGRAN ITALIAN STYLE SPAGHETTI				//////////	
11	12140 ITALIAN STYLE SPAGHETTI (LONG)	220GM	9	Pkts	X 220GM
SIMPLE BAKING MIX				//////////	
12	15450 SIMPLE Baking Mix GL/WH/Dairy free	1kg	6	Pkts	x 1Kg
HORLEYS				//////////	
13	15493 Horleys Flour Mix GL/WH/Dairy free	2kg	4	Pkts	X 2KG
14	15490 Horleys Bread Mix GL/WH free	1kg	8	Pkts	X 1KG
BAKELS BREAD MIX				//////////	
15	15460 BAKELS HEALTH Bread GL/WH free	1kg	10	Pkts	X 1KG
BAKELS LOW GLUTEN Bread Mix				//////////	
16	15463 BAKELS LOW GLUTEN Bread Mix	1kg	10	Pkts	X 1KG

Down load new prescription forms from www.crombie-price.co.nz

SOUTHERN District Health Board #3089 451249/280770/06

For enquiries please call 0800-11-83-11, PO Box 121, 5 Torridge Street, Oamaru