

**PRESCRIPTION FORM FOR SPECIAL AUTHORITY FOOD**

<b>Patient to Complete:</b>	<b>Patient's Full Name:</b> _____	<b>CUST NO: #</b> _____
	Postal Address: _____	
	<b>Special Instructions:</b> _____	
	Phone Number: _____	Cell Phone No: _____
	<b>Approval Number: Hosp #</b> _____	<b>Lifetime</b>
	Email Address: _____	<b>PAYMENT:</b> _____
Comm Service Card or Gold	<b>Expiry Date:</b> / / 201	<b>Date of Birth:</b> _____
High User Health Card	<b>Expiry Date:</b> / / 201	<b>we only require the expiry dates on cards</b>
Prescription Subsidy Card	<b>Expiry Date:</b> / / 201	<b>Patient's Fax Number:</b> _____
<b>Doctor to complete:</b>	<b>PHO Registered</b> YES OR NO _____	<b>NHI #</b> _____
	Medical Centre: _____	Address: _____
	<b>Doctor's Name:</b> _____	
	<b>MC Number:</b> _____	Phone: _____ Fax: _____
	<b>Signature:</b> _____	Date: _____
<b>Co- Value Status</b>	Y      J      A      Z	<b>EXEMPT</b>
	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
<b>ORGRAN PASTA</b> ///////////////					
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
<b>ORGRAN SPAGHETTI NOODLES</b> ///////////////					
9	12101 Orgran Rice & Corn Spaghetti/Noodles	375gm	6	Pkts	X 375GM
<b>ORGRAN LASAGNE SHEETS</b> ///////////////					
10	12106 Orgran Rice & Corn Lasagne Sheets	200gm	5	Pkts	X 200GM
<b>ORGRAN ITALIAN STYLE SPAGHETTI</b> ///////////////					
11	12140 ITALIAN STYLE SPAGHETTI (LONG)	220GM	9	Pkts	X 220GM
<b>SIMPLE BAKING MIX</b> ///////////////					
12	15450 SIMPLE Baking Mix GL/WH/Dairy free	1kg	6	Pkts	x 1Kg
<b>HORLEYS</b> ///////////////					
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
<b>BAKELS BREAD MIX</b> ///////////////					
15	15460 BAKELS HEALTH Bread GL/WH free	1kg	10	Pkts	X 1KG
16	15463 BAKELS LOW GLUTEN Bread Mix	1kg	10	Pkts	X 1KG
<b>MORREX</b> ///////////////					
17	15690 Morrex Powder Maltodextrin	5kg	Bags	Bags	X 5KG

**Down load new prescripion forms from [www.crombie-price.co.nz](http://www.crombie-price.co.nz)**

HUTT VALLEY District Health Board #3098 451249/327485/00

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