

**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 1 J 3 A 4 Z 4	<b>EXEMPT YES / NO</b>	

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 prescripton forms from [www.crombie-price.co.nz](http://www.crombie-price.co.nz)**

SOUTHLAND District Health Board #3092 451249/292976/03

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