

**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: _____                 | Payment: _____                                   |
|                             | Community Service Card               | <b>Expiry Date:</b> / /202                       |
|                             | High User Health Card                | <b>Expiry Date:</b> / /202                       |
| Prescription Subsidy Card   | <b>Expiry Date:</b> / /202           | <b>Date of Birth:</b> _____                      |
|                             |                                      | <b>we only require the expiry dates on cards</b> |
|                             |                                      | Patient's Fax Number: _____                      |

|   |  |                                       |   |   |               |
|---|--|---------------------------------------|---|---|---------------|
| <b>Doctor or Dietitian to complete:</b> | <b>PHO Registered</b> YES                    | <b>NHI #</b> _____                    |   |   |               |
|   | <b>Medical Centre:</b> _____                 | <b>Address:</b> _____                 |   |   |               |
|   | <b>Doctor or Dietitian's NAME</b> _____      |                                       |   |   |               |
|   | <b>MC Number:</b> _____                      | <b>Phone:</b> _____ <b>Fax:</b> _____ |   |   |               |
|   | <b>Doctor or Dietitian's SIGNATURE</b> _____ | <b>Date:</b> _____                    |   |   |               |
| <b>Co- Value Status</b>                 | Y  | J                                     | A | Z | <b>EXEMPT</b> |
| <b>UNDER 13'S 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**

| Product Description                             | Packet Size | Packets per case | No. of Packets Requested | Number of Packets sent OFFICE USE ONLY |
|---|-------------|------------------|--------------------------|--|
| <b>ORGRAN PASTA</b>                             |             |                  | //////////               |  |
| 1 10008 Orgran Buckwheat Spirals                | 250gm       | 9                | Pkts                     | x 250gm                                |
| 2 10014 Orgran Vegetable Rice Spirals           | 250gm       | 9                | Pkts                     | x 250gm                                |
| 3 10038 Orgran Rice & Corn Spirals              | 250gm       | 9                | Pkts                     | x 250gm                                |
| 4 11045 Orgran Corn & Vegetable SHELLS          | 250gm       | 9                | Pkts                     | x 250gm                                |
| 5 12035 Orgran Rice & Corn Macaroni             | 250gm       | 9                | Pkts                     | x 250gm                                |
| 6 12079 Orgran Rice & Corn Penne                | 250gm       | 9                | Pkts                     | x 250gm                                |
| <b>ORGRAN LASAGNE SHEETS</b>                    |             |                  | //////////               |  |
| 7 12106 Orgran Rice & Corn Lasagne Sheets       | 200gm       | 5                | Pkts                     | x 200gm                                |
| <b>HEALTHERIES BAKING MIX (SIMPLE)</b>          |             |                  | //////////               |  |
| 8 15450 Healtheries Baking Mix GL/WH/Dairy free | 1kg         | 6                | Pkts                     | x 1kg                                  |
| <b>HORLEYS</b>                                  |             |                  | //////////               |  |
| 9 15493 Horleys Flour GL/WH/Dairy free          | 2kg         | 4                | Pkts                     | X 2kg                                  |
| 10 15490 Horleys Bread Mix GL/WH free           | 1kg         | 8                | Pkts                     | X 1kg                                  |

- Note:** 15460 Bakels Bread Mix no longer subsidised as from April 2017
- Note:** 12101 Orgran Rice & Corn Spaghetti/Noodles deleted by manufacturer Jan 2018
- Note:** 10024 Orgran Corn & Vegetable Spirals deleted by manufacturer Mar 2018
- Note:** 10004 Orgran Rice & Millet Pasta Spirals deleted by manufacturer May 2018
- Note:** 12140 Orgran Italian Style Spaghetti deleted by manufacturer July 2018

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

**HUTT VALLEY DISTRICT HEALTH BOARD #3098 451249 327485/05**

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