

FACSIMILE

To: Health Hawke's Bay

Fax No: (06) 873 4960

From: (GP/NP)

Date:

..... (Practice)

No. of Pages:

..... (Practice fax number)

MIRENA/JAYDESS REQUEST - (Funding valid for 3 months from date of approval)

Patient Name:			
NHI:			
Patient's GP:			
Criteria (please circle one)	Maori	Pacific	Q5

- Mirena Insertion requested
- Jaydess Insertion requested

To be completed by Health Hawke's Bay and faxed back to the practice:

Approval

Approved

Date approved: _____

Valid until: _____

If not completed within 3 months of approved date, this request becomes invalid.

Not Approved

Comments: _____

Approved by: _____

Date: _____

December 2019