



**SCHEME OF FREE
PRESCRIBED**

**Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive**

**MEDICINES FOR
LONG TERM**

ILLNESS

**THIS SCHEME APPLIES ONLY TO PERSONS SUFFERING FROM ANY OF THE
FOLLOWING ILLNESSES:**

Mental Illness (for persons under 16 only), Mental Handicap, Phenylketonuria, Cystic Fibrosis, Spina Bifida, Hydrocephalus, Haemophilia, Cerebral Palsy, Epilepsy, Parkinsonism, Multiple Sclerosis, Muscular Dystrophies, Diabetes Mellitus, Diabetes Insipidus and Acute Leukaemia.

Part 1 (to be completed by Applicant)

Surname: _____ First Name: _____
Address: _____ Date of Birth: _____
_____ PPSN No: _____
_____ Medical Card No: _____
Phone: _____ LTI Book Number (if any): _____

Family GP Name and Address:

I wish to apply for Health Service Executive authorisation to receive medicines and appliances allowable under the Long Term Illness Scheme.

Signature of Applicant: _____ Date: _____
If Applicant is a child under 16 years, a parent or guardian should sign it.

Part 2 Medical Certification (to be completed by applicant's Doctor)

I hereby certify that the above named is under my care for the treatment of the illness _____ and the present requirements for the treatment of this condition are out lined hereunder:

Only medicines etc. required specifically for the applicants primary condition/illness are allowable under this scheme. When an applicant is a Medical CardHolder, it should be noted that only items not covered by the Medical Card are approved on this scheme.

MEDICAL PREPARATIONS	MEDICAL PREPARATIONS

(Including items such as syringes, swabs, needles etc. as appropriate).

Doctor's Signature: _____ Date: _____

Doctor's Stamp: _____

Completed Application Forms should be sent to the appropriate Health Service Executive Office.