

LONG TERM ILLNESS AND DISABILITY SCHEME

(Health Act, 1970)

Drugs, medicines and certain approved appliances prescribed for the treatment of the following conditions only, are supplied free-of-charge, irrespective of the patients means. Certain minor appliances are available directly on the Long Term Illness Booklet and other approved appliances through Community Care Areas.

Mental Illness (for persons under sixteen years only)

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|----------------------|----------------|--------------------|
| Cystic Fibrosis | Cerebral Palsy | Multiple Sclerosis |
| Spina Bifida | Epilepsy | Acute Leukaemia |
| Mental Handicap | Hydrocephalus | Diabetes Mellitus |
| Phenylketonuria | Haemophilia | Diabetes Insipidus |
| Muscular Dystrophies | Parkinsonism | |

Medical Card holders can obtain these medical requirements through choice of Doctor / Chemist arrangements and should NOT complete the form.

APPLICATION FORM

PART 1 - TO BE COMPLETED BY APPLICANT (BLOCK CAPITALS)

FULL NAME OF APPLICANT:

ADDRESS:

TEL NO: DATE OF BIRTH:

NAME OF DOCTOR:

Address:

Date: PPS Number:

MEDICAL CARD NO: Review Date:

SIGNATURE OF APPLICANT: _____

(or parent or guardian if child is under sixteen)

PART 2 - TO BE COMPLETED BY APPLICANT'S DOCTOR / CONSULTANT

I hereby certify that is under my care for the treatment of

..... which is one of the scheduled

conditions listed above. *The present requirements for the treatment of this condition are as follows:*

MEDICAL PREPARATIONS (BLOCK CAPITALS)

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DOCTOR / HOSPITAL STAMP:

PLEASE COMPLETE AND RETURN TO: L T I SECTION, HSE, BEECH HOUSE, NAAS BUSINESS PARK, NAAS, CO.