



APPLICATION FOR BASIC REIMBURSEMENT STATUS
AND WHOLESALE PRICE FOR A MEDICINAL
PRODUCT SUBJECT TO SPECIAL LICENCE

**FOR APPLICATIONS BY A PATIENT OR
A PHARMACY**

Date of arrival

Record No.

1. Applicant	Applicant		Pharmacy's business ID
	Contact person		
	Postal address		
	Telephone number		
	E-mail address		
	Name of the patient		Personal identity code
2. Product	Name of the medicinal product		
	Strength		
	Dosage form		
	Package size		
	Active substance		
	ATC class		
	Manufacturer		
	Wholesaler		
3. Wholesale price	Product's wholesale price (€)		
4. Application appendices	Copy of the application for special licence		
	Copy of the valid special licence		
	Copy of the prescription		
	Other possible specifications		

5. Invoicing	Processing fee is 30 euros.
	Invoicing address
6. Signature	Place and date
	Signature
	Clarification of signature