

**Helfo**  
Postboks 2415  
3104 Tønsberg  
NORWAY

# Statement from specialist regarding need for drugs not marketed in Norway - infertility treatment

To be filled out by a specialist if the patient infertility treatment performed abroad will use drugs that are not marketed in Norway.

## 1. Information about the patient

National ID no. (11 digits)	First name, last name
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## 2. Information about the applicant doctor

First name, last name	Medical specialty/Hospital ward	HPR-nummer
Postal address (Address of healthcare institution)		
E-mail address	Telephone no.*	

\*Preferably direct no. or mobile

## 3. The drug application applies

Name of drug and active substance to be used in treatment
Date of initiation of the drug

## 4. Previous treatment(s)

Name of similarly marketed drugs that have been tried but can no longer be used
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## 5. Justification for why marketed drugs cannot be used

<input type="checkbox"/> The marketed drugs cannot be used due to side effects
<input type="checkbox"/> The marketed drugs have not been fully efficacious
<input type="checkbox"/> The marketed drugs are not available on the Norwegian market at the time of treatment
<input type="checkbox"/> Other, justification
Justification if marketed drugs have not been attempted

## 9. Doctor's signature

Place and date	Signature and stamp
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