

## INSULIN PUMP APPLICATION - UPGRADE / REPLACEMENT

### Patient Consent for Release of Information

Patient Name		Date of Birth	
Address			
City	State	Postcode	Phone
I consent to the disclosure of my medical information relating to the condition/s requiring hospital treatment to health.com.au. I also give consent for any other medical practitioner(s) who has/have seen me regarding the condition/s to give medical information to health.com.au.			
Customer Number		Signature of Patient (or Guardian)	
Date			

### Current Insulin Pump

Name of Device	
Model Number	Date of Purchase

### Details of New Insulin Pump

Name of Device	Model Number
AHSA Prostheses List Rebate Code	AHSA Prostheses List Benefit

### Reasons For Upgrade / Replacement

(to be completed by Endocrinologist)	Documents To Attach
	<input type="checkbox"/> Letter From Endocrinologist
	<input type="checkbox"/> BSL Results
	<input type="checkbox"/> Clinical History
	<input type="checkbox"/> Supplier Work Report (if applicable)

### Endocrinologist Details

Dr	Phone
Address	Postcode
Email	
Date	Signature

### Diabetes Educator Details

Name	Phone
Address	Postcode
Email	
Date	Signature