PATIENT ASSISTANCE APPLICATION FORM

MINIMED™ 670G INSULIN PUMP

LET US KNOW BELOW WHY YOUR PATIENT SHOULD RECEIVE A MINIMED™ 670G INSULIN PUMP.

SECTION 1. PATIENT NOMINATION

WHY DOES YOUR PATIENT WANT TO CHANGE TO INSULIN PUMP THERAPY?
WHY DO YOU FEEL YOUR PATIENT IS SUITABLE FOR A MINIMED™ 670G PUMP?
WHAT ARE YOUR PATIENT'S ECONOMIC CIRCUMSTANCES?

ELIGIBILITY CRITERIA- PLEASE READ

- This offer is open to Type 1 Diabetes patients for Australian residents only.
- The patient is responsible for purchasing insulin pump consumables via the NDSS and there will be an additional out-of-pocket expense of approximately AUD28.00- AUD50.00 per month.
- The patient will receive a linked meter upon receiving their pump. The patient is responsible for purchasing test strips via a pharmacy.
- The patient is responsible for ensuring they obtain the correct insulin prescription.

2 Alma Road, Macquarie Park, NSW 2113 Australia. 1800 777 808

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SECTION 2. PATIENT INFORMATION

NAME OF PATIENT *(INCLUDE PREFERRED TITLE)*	
TYPE OF DIABETES	☐ TYPE 1 DIABETES
STATE	☐ QLD ☐ NSW ☐ ACT ☐ VIC ☐ TAS ☐ NT ☐ SA ☐ WA
CURRENT THERAPY	☐ NEWLY DIAGNOSED ☐ OTHER PUMP ☐ MULTIPLE DAILY INJECTIONS (MDI) ☐ NOT APPLICABLE ☐ MDI & ORAL THERAPY

SECTION 3. HEALTHCARE PROFESIONAL INFORMATION

FULL NAME *(INCLUDE PREFERRED TITLE)*			
OCCUPATION	☐ ENDOCRINOLOGIST ☐ DIABETES EDUCATOR		
HOSPITAL / ACCOUNT			
STREET ADDRESS *(INCLUDE SUITE, LEVEL & DEPARTMENT IF APPLICABLE)*			
STATE		POSTCODE	
MOBILE PHONE NUMBER			
EMAIL ADDRESS			

SECTION 4. HEALTHCARE PROFESSIONAL AUTHORISATION

☐ By submitting this form for consideration, I confirm that the nominated patient meets the Eligibility Criteria on page 1 and I have obtained their consent to provide their personal information for the purpose of this application.

Healthcare Professional Signature: _____ **Date:** _____

Submit your completed nomination form to: rs.anzdiabetespap@medtronic.com

PRIVACY STATEMENT:
Your patient's personal and health information including details of their diabetes (Protected Information) is collected and used by Medtronic Australasia Pty Ltd, Medtronic New Zealand Limited & Related Bodies Corporate in accordance with Medtronic's Privacy Policy see: https://www.medtronic-diabetes.com.au/privacy-statement

For privacy queries, to access/update your personal information or to opt out of receiving marketing communication please phone toll free (AU 1800 777 808 / NZ 0800 377 807), write to PO Box 945, North Ryde, NSW 1670, Australia or email: australia.diabetes@medtronic.com.

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