

# CONTINUOUS GLUCOSE MONITORING (CGM) ORDER FORM

FOR USE BY HEALTHCARE PROFESSIONALS ONLY

Once completed, please send this form via email to [australia.diabetes@medtronic.com](mailto:australia.diabetes@medtronic.com) or fax to **02 9857 9237**.

## SECTION 1. HOSPITAL / CLINIC INFORMATION

Name of Hospital / Clinic Contact number

Delivery address

Suburb State Postcode

Name of Healthcare Professional

Name of Diabetes Educator Training date (if known)

## SECTION 2. PATIENT INFORMATION

First Name Surname

Email

Patient Address

Suburb State Postcode

Mobile / tel Date of birth

 / /

## SECTION 3. TO ORDER PLEASE CHOOSE PAYMENT AND SHIPPING PREFERENCES BELOW

### OPTION A

#### CGM PROTECTOR KIT

1 X TRANSMITTER SET  
2 X BOXES OF ENLITE  
SENSORS (5/BOX)

If ticking 2 x shipments please also  
tell us whether you would like the  
shipments 4 or 6 weeks apart by ticking  
the appropriate box below.

MiniLink <small>For use with Paradigm Veo &amp; X22 insulin pumps</small>	Qty
<b>\$750</b> ship all at once	
<b>2 x \$375</b> shipments	
<b>4 week</b> shipment	
<b>6 week</b> shipment	

### OPTION B

Guardian 2 Link (G2) <small>For use with the MiniMed 640G insulin pump</small>	Qty
<b>\$750</b> ship all at once	
<b>2 x \$375</b> shipments	
<b>4 week</b> shipment	
<b>6 week</b> shipment	

### OPTION C

Guardian Connect <small>Stand Alone CGM</small>	Qty
<b>\$750*</b> <b>\$950</b> ship all at once	
<b>2 x \$375*</b> <b>2 x \$475</b> shipments	
<b>4 week</b> shipment	
<b>6 week</b> shipment	

Valid until 31 October 2018\*

OR

#### ENLITE™ SENSOR SUBSCRIPTION

1 X TRANSMITTER SET  
12 X BOXES OF SENSORS  
(5/BOX)

\$250 monthly	Qty
Transmitter at start	
Transmitter at end	

\$250 monthly	Qty
Transmitter at start	
Transmitter at end	

\$275 monthly	Qty
Transmitter at start	
Transmitter at end	

**NOTE: 4 box, 6 box and 8 box per year subscriptions for Enlite Sensors are available at: [//eshop.medtronic-diabetes.com.au/view/content/deals](http://eshop.medtronic-diabetes.com.au/view/content/deals)**

This form is to be completed for the purposes of ordering Medtronic CGM in Australia and New Zealand. A healthcare professional must complete and sign this form in order to confirm that CGM has been recommended to the intended recipient ('the Patient') and that the healthcare professional will facilitate training for the Patient in the use of CGM. A healthcare professional may sign this form on behalf of the Patient, provided that they have obtained the Patient's consent to do so and that they have communicated the content and meaning of Section 6 to the Patient. This form must be completed in full to enable it to be processed. Please ensure you print clearly on this form.

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## SECTION 4. PAYMENT INFORMATION

Medtronic will arrange payment directly with the Patient on receipt of this form as per Section 7. A Medtronic Diabetes Therapy Consultant will contact the Patient via phone or email to arrange for payment to be made via credit card.

The Patient is responsible for ensuring that they have made payment prior to the intended CGM initiation date.

## SECTION 5. HCP STATEMENT OF CLINICAL NEED AND SIGNATURE

*(Stamps are not acceptable, signature and date must be handwritten)*

I certify that I am a registered Healthcare Professional and that the Patient is indicated for treatment using the CGM ordered. I agree to train the Patient in the operation of the CGM ordered in Section 3.

I confirm that a copy of this order form will be retained as part of the Patient's medical record. I understand that Medtronic disclaims all liability with respect to the falsification or modification of this statement of clinical need.

- I have communicated the privacy statement below to the Patient, confirmed that they understand and obtained their permission to share their Protected Information with Medtronic. (If this box is ticked and this section is signed by the required signatory, the Patient does not need to sign this document).

Healthcare Professional's Signature

Date

## SECTION 6. PATIENT'S CONSENT AND SIGNATURE *(Stamps are not acceptable, signature and date must be handwritten)*

**Privacy Statement:** Your personal and health information including details of your diabetes and private health insurance (Protected Information) is collected and used by Medtronic Australasia Pty Ltd, Medtronic New Zealand Limited, and Related Bodies Corporate in accordance with Medtronic's Privacy Policy (see <https://www.medtronicdiabetes.com.au/privacy-statement>). For clarity this will include: assisting you with any purchase of Medtronic Diabetes products and services, establishment of a Medtronic e-shop account, diabetes and technology management, product tracking purposes (as required by regulation) and communication of information relating to the use of our products and services, diabetes management, special offers and technological improvements and developments. In some cases, we may collect Protected Information from your treating healthcare professional rather than directly from you if necessary for the purpose of administering a product or service to you or if required by law. We may disclose Protected Information to a Medtronic company or database overseas or to a third party service provider. If we do so we will require them to comply with our Privacy Policy and the safeguards under Australian/New Zealand laws. For privacy queries, to access/update your Protected Information or to opt out of receiving the communication set out above please phone toll free (AU 1800 777 808 / NZ 0800 377 807), write to PO Box 945, North Ryde, NSW 1670, Australia or emailing [australia.diabetes@medtronic.com](mailto:australia.diabetes@medtronic.com).

- I confirm my intention to participate in the StartRight™ program of personalised coaching services related to this technology.
- I authorise a Medtronic representative to register a new MiniMed eShop account on my behalf. It will be my responsibility to update the temporary password provided to a new secure password, and update any personal details where required.
- I confirm that I have read and understood the privacy statement above and consent to Medtronic collecting and storing my sensitive personal details in accordance with the Medtronic Privacy Policy. I understand I can withdraw my consent to receiving communication from Medtronic at any time.

Patient Signature

Date

## SECTION 7. WHAT WILL HAPPEN NOW

You will receive an email within 72 hours with a eShop username and temporary password. You will need to log in and enter credit card payment details to complete the order. <https://eshop.medtronic-diabetes.com.au> If enrolled into the StartRight program, you will receive a call from the StartRight consultant prior to your next appointment.

**IMPORTANT PLEASE READ** • Prices are GST exempt • The glucose sensor storage temperature is between 2°C and 30°C at all times. The shelf life of the sensors is 6 months from date of manufacture • Delivery is ex stock (Sydney) via courier. **FOR INQUIRIES:** please call **1800 777 808**