

Insulin Pump & CGM Order Form

Medtronic

Pump User

Name: Date of Birth:

If minor, parent/guardian name:

Residential Street Address:

Suburb: State: Postcode:

Email:

Mobile Number: Alternative Number:

Type: 1 2 NDSS Registration Number:

Private Health Insurance

Private Health Insurance Provider:

Membership Number:

By signing the below, I can confirm that I agree to the following:

1. I have read & understood the Privacy Collection Statement & Privacy Policy (<https://www.medtronic-diabetes.com.au/privacy-statements>).
2. I have read & understood the Product Warranty (<https://www.medtronic-diabetes.com.au/support/warranty>).
3. I understand that the product warranty is personal to the original user & the product is only suitable for single patient use.
4. I will continue to have private health cover on my pump initiation date.
5. I give Medtronic consent to liaise with my health fund on my behalf to attempt to secure funding for the MiniMed™ 780G insulin pump.
6. I give my healthcare professional consent to submit my personal & sensitive information on my behalf to Medtronic to process this order.

Insulin Pump User's signature
(if minor, parent/guardian signature)

Date

Attach your supporting documents here:

Health Fund Form (if required)

Other Supporting documents

[Upload now](#)

[Upload now](#)

Insulin Pump & CGM Order Form

Medtronic

Pump & CGM Order

Pump Order

New to Insulin Pump Therapy

Upgrade from Medtronic out of warranty insulin pump therapy

Upgrade from other brand

Please provide brand

Upgrade from a Medtronic Loan Program *(Excludes Travel Loans)*

Medtronic Loan Program Ownership Transfer *(Excludes Travel Loans)*

Retain device & pump settings *

Pump swap **

Pump Model Selection

MiniMed™ 780G - Price: AUD \$8,574. Rebate Code: MI452

Is your smartphone listed on the Medtronic compatibility webpage?

Yes

No

Check your smartphone's compatibility
with the MiniMed™ 780G at
[https://www.medtronic-diabetes.com.au/
mm780g-supported-devices](https://www.medtronic-diabetes.com.au/mm780g-supported-devices)



[View now](#)

CGM Order

Select either Existing Medtronic CGM User option (A)
or New to Medtronic CGM option (B)

A - Existing Medtronic CGM User *(If you accidentally select an option, please uncheck.)*

I currently receive Medtronic CGM via the NDSS

I have an existing CGM subscription with Medtronic

B - New to Medtronic CGM *(If you accidentally select an option, please uncheck.)*

I can confirm I will order Medtronic Bluetooth CGM via

NDSS

Medtronic eShop

* Subject to private health insurance/payer approval. If the private health insurance provider/payer decides to reject the ownership transfer option, a new insulin pump will be shipped to the pump user's nominated address in the Hospital/ Clinic & Healthcare Professional Information section on this form. Pump settings and algorithm are non-transferrable between our current insulin pump models.

** Pump settings and algorithm are non-transferrable between our current insulin pump models.

Insulin Pump & CGM Order Form



Hospital/Clinic & Healthcare Professional Information

Using hospital purchase order (excludes CGM): Yes No Pump start date:

Prescribing Clinician/Endocrinologist:

Diabetes Educator (DE): DE's Contact Number:

DE's Email Address:

Name of Hospital/Clinic:

Hospital/Clinic Address (include unit/clinic):

Suburb: State: Postcode:

Pump start will occur under a CPT Medtronic Agreement: Yes No

Delivery Option:

- To the pump user's address
- To the hospital/clinic address
- Other address:

Specify address:

By signing the below, I certify that I am a registered healthcare professional & that the named patient is indicated for treatment using the Medtronic therapies ordered on this form. A copy of this order will be retained as part of the patient's medical record. I give my consent to Medtronic to liaise with the patient's health fund on my behalf & I confirm that I have communicated the Privacy Statement below to my patient & obtained their permission to share their personal & sensitive information with Medtronic. I understand that Medtronic disclaims all liability with respect to the falsification or modification of this attestation of clinical need & my confirmation that my patient consents to my sharing of their data with Medtronic. I understand that Medtronic's insulin pumps are registered on the Australian Register of Therapeutic Goods for single-patient use only. That is, used by the original purchaser. Second-hand use is therefore an off-label use of a Medtronic insulin pump, & Medtronic does not endorse or support the off-label use of its products.

Healthcare Professional Signature

Date

Attach your supporting documents here:

Letter of Clinical Need (if required)

Other Supporting documents

[Upload now](#)

[Upload now](#)

Medtronic Australasia Pty Ltd | 2 Alma Road, Macquarie Park, NSW, 2113 | Global Helpline: 1800 777 808 | www.medtronic-diabetes.com.au

[Submit Form](#)