MEDTRONIC DIABETES
CONTINUOUS GLUCOSE MONITORING
HEALTHCARE PROFESSIONAL SUPPORT FORM

Dear Patient

Thank you for choosing to self-fund your Medtronic insulin pumps CGM component. In order for us to send you your CGM kit (transmitters and glucose sensors, including any subscription plans) we need confirmation from your treating Healthcare Professional they are willing to provide you full and ongoing clinical support for your use of CGM therapy that powers the SmartGuard™ features of your Medtronic insulin pump.

Please send this form to your Diabetes Team for completion. If returned directly to you, please forward to rs.watbettercontroluk@medtronic.com. Once received, our team will place a note on your account confirming your Healthcare Professional will support your use of CGM with your Medtronic insulin pump, providing you access to CGM therapy.

Best wishes

Medtronic Diabetes

Dear Healthcare Professional

You have been asked to complete this form because one of your patients would like to self-fund the CGM component of the Medtronic Insulin Pump they are using. Use of a compatible Medtronic CGM system will power the SmartGuard™ features* of your patients insulin pump.

Medtronic must ensure that you have received training to use **all** of the features of the MiniMed™ insulin pump system that your patient is currently using or will use and that you confirm that you will fully support and take responsibility for your patient's clinical use of this technology and ongoing therapy management. Please complete the following page and return to rs.watbettercontroluk@medtronic.com.

If you require further information on the use of CGM with the patient's MiniMed™ insulin pump, please contact your local representative.

Best wishes

Medtronic Diabetes

*SmartGuard™ features vary dependent on pump type. Please refer to your insulin pump Instructions For Use for a full explanation of the SmartGuard™ features available to your patient's specific device.

UC202113546 EN

Medtronic Limited | Building 9 | Croxley Park | Watford | Hertfordshire | WD18 8WW
medtronic-diabetes.co.uk | rs.watbettercontroluk@medtronic.com

Medtronic

MEDTRONIC DIABETES
CONTINUOUS GLUCOSE MONITORING
HEALTHCARE PROFESSIONAL SUPPORT FORM

Healthcare Provider Details:

Healthcare Professional Full Name (including title):

Hospital:

Address: Post Code:

Contact Telephone No: Email:

Patient Details

Patient Name (including title):

Address: Post Code:

Contact Telephone No: Email:

Medtronic Patient Account Number:

Pump Information:

Pump Type: **Pump Serial Number:**

MiniMed™ 640G ◯

MiniMed™ 670G ◯

MiniMed™ 780G ◯

HEALTHCARE PROFESSIONAL CONFIRMATION

☐ I confirm I have received training on all features of the MiniMed™ insulin pump the patient will use in conjunction with CGM therapy (including SmartGuard™ features).

☐ I confirm and acknowledge that use of a compatible CGM transmitter and glucose sensors and are required in order to enable the SmartGuard™ features of the MiniMed™ insulin pump my patient is using.

☐ I confirm and acknowledge that the use of the CareLink™ System platform is required to access reports associated with my patient's use of CGM therapy.

☐ I confirm and acknowledge that I will fully support and take clinical responsibility for the named patient (above), including their therapy management and use of CGM in conjunction with their insulin pump.

☐ I have read and acknowledge the Medtronic privacy policy and consent to the use of my data as completed above being used by Medtronic to provide my patient with the appropriate products. A copy of this privacy policy is available at www.medtronic-diabetes.co.uk/privacy.

Date Form Completed:

Please ensure all fields are completed to avoid any delay in processing.

SEND PRINT CLEAR FORM

UC202113546 EN

Medtronic Limited | Building 9 | Croxley Park | Watford | Hertfordshire | WD18 8WW
medtronic-diabetes.co.uk | rs.watbettercontroluk@medtronic.com

Medtronic