

l am wearing a required medical device prescribed by my physician.





### In an emergency, please contact:

Physician name:

Phone number:

Family member:

Phone number:

# I have diabetes.

If my behavior is peculiar, if I appear intoxicated, or if I am unconscious, it may be a result of severe low blood sugar.

l am not intoxicated. Call a medical team for assistance.

If I am able to swallow, provide me a source of sugar, (examples: juice, candy, non-diet soft drink).

Healthcare Professionals I am wearing an external insulin pump

The pump is delivering fast-acting insulin at a constant rate.

- **Do not** remove the pump battery.
- **Do not** remove the pump without medical consent.
- If the pump is alarming, follow the instructions on the pump screen, or call the 24Hour Global Helpline listed below.

24Hour Global Helpline

South Africa 0800 633 7867 Sub-Sahara +2711 260 9490 International +1818 576 5555

# Airport information

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#### **Airport Security:**

 Your pump should not go through the x-ray machine that is used for carry-on or checked luggage.

Together

- The full body scanner is also a form of x-ray. If you choose to go through the full body scanner, you will need to disconnect and remove your insulin pump, and, if using continuous glucose monitoring (CGM), remove your sensor and transmitter prior to the scan.
- Your infusion set should be disconnected at your site when going through the full body scanner.
- To avoid removing your devices, you should request an alternative screening process that does not use x-ray.
- Your insulin pump, infusion set, reservoir, and CGM system can withstand exposure to airport metal detectors used at airport security checkpoints.

#### In Flight:

The system consists of low power wireless devices that have been tested to FCC Part 15.247. If questioned by airline personnel about use of the system, show them this card. If the airline flight crew still requests that you turn the system off, you must comply.

## Patient Information

My name:

My Address:

Home phone number:

# **Medical Device Information** Medical device type:

Device serial number:

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