

Order Form

Dexcom G5[®] Mobile & Dexcom G4[®] PLATINUM

Dexcom Order Details

Dexcom G5 [®] Mobile	Price	Qty
Dexcom G5 Mobile Kit (with receiver): 1x Receiver 1x Transmitter (3-month life) 1x Dexcom Sensor 4 Pack	\$1560	
Dexcom G5 Mobile Kit (without receiver): 1x Transmitter (3-month life) 1x Dexcom Sensor 4 Pack	\$910	
Dexcom G5 Mobile Receiver	\$650	
Additional Dexcom G5 Transmitter (3-month life)	\$540	
Dexcom G4/G5 Sensor 4 Pack	\$370	
Animas Vibe Insulin Pump CGM Offer*: 1x Dexcom Sensor 4 Pack 1x Dexcom Sensor 4 Pack FREE 1x Dexcom G5 Transmitter (3-month life) FREE	\$1280 \$370	

The Dexcom G5 Mobile Receiver is required if user does not have a compatible smart device. Check smart device compatibility list at www.dexcom.com/ous-compatibility-page

Dexcom G4 [®] PLATINUM	Price	Qty
Dexcom G4 PLATINUM Kit: 1x Receiver 1x Transmitter (6-month warranty) 1x Dexcom Sensor 4 Pack	\$1760	
Dexcom G4 PLATINUM Transmitter (6-month warranty)	\$580	
Dexcom G4 PLATINUM Receiver	\$810	
Dexcom G4/G5 Sensor 4 Pack	\$370	
Dexcom G4/G5 Sensor 1 Pack (trial)	\$95	
Animas Vibe Insulin Pump CGM Offer*: 1x Dexcom Sensor 4 Pack 1x Dexcom Sensor 4 Pack FREE 1x Dexcom G4 Transmitter (6-month warranty) FREE	\$1320 \$370	

*This offer is only available for customers who meet the eligibility criteria. A free OneTouch Verio[®] IQ Blood Glucose Meter will be included with every new Dexcom G4/G5 order.

Customer Information

Send to my home address specified below

First Name: _____ Surname: _____

Clinic/Hospital Attends: _____

Date of Birth: _____ Phone Number: _____

Home Address (No PO Boxes): _____

Suburb: _____ State: _____ Postcode: _____

Email: _____

I agree to the terms and conditions on this Dexcom order form and accept the warranty information regarding each product purchased. I agree that, before I use the product, I will read/view all the training material provided. If I need further training, I will contact my healthcare professional or AMSL Diabetes. I agree that I will make a follow up appointment with my healthcare professional to go through my diabetes management and discuss my usage of Dexcom.

Payment Information

Total (\$): _____
 Card No: _____
 Cardholder Name: _____
 Signature: _____

Hospital/Clinic Information

Send to my clinic address specified below

Contact Full Name: _____

Hospital/Clinic Name: _____

Delivery Address (No PO Boxes): _____

Suburb: _____ State: _____ Postcode: _____

Phone Number: _____

Email: _____

Delivery date requested by: _____

I acknowledge that I have spoken to my healthcare professional, and they are aware that I will be sending my Dexcom kit to the clinic for initial training.
(Leave this section blank, unless healthcare professional has requested order to be sent to the clinic/hospital)

Card Type: _____
 CVC: _____
 Expiry: _____

OR, I have paid for the full kit online. AMEX surcharge 1.25%

Payment information must be completed prior to submitting order or the order cannot be processed
Alternatively, you can complete your payment at www.amsldiabetes.com.au/shop

All Dexcom users must read/view all training materials and documentation provided with the product, including but not limited to, the owner's booklet/user guide, quick reference guides, USB training tutorial (Dexcom G5 Mobile System) and all other relevant documentation. If the Dexcom user requires further training on the product, they must contact their healthcare professional or contact AMSL Diabetes for further assistance. If your glucose alerts and readings do not match your symptoms or expectations, you should obtain a fingerprick for the Dexcom G5 Mobile System. A minimum of two fingerpricks a day are required for calibration. It is the Dexcom user's responsibility to seek appropriate advice when necessary and to use the device as per usage instructions. The warranty conditions for the Dexcom G4 PLATINUM and Dexcom G5 Mobile can be found on our website www.amsldiabetes.com.au, in each product box you receive, and is also available on request. In agreement with the Privacy Act 1988 (Cth), the Dexcom user's records will be maintained in accordance with the National Privacy Principles. The Dexcom user assigns indemnity to Australasian Medical & Scientific Limited from and against all claims of whatsoever nature (to the maximum extent permitted by law) relating (whether directly or indirectly) to the Dexcom G4 PLATINUM or Dexcom G5 Mobile CGM Systems. Dexcom G4 PLATINUM and Dexcom G5 Mobile is indicated for use in patients over 2 years old and is not indicated for use in pregnancy or patients on dialysis treatment. Receivers, transmitters and sensors are not for resale. Use of non-approved platforms will invalidate the warranty for the receiver and transmitter. After your initial order, you may order on our website www.amsldiabetes.com.au or by calling 1300 851 056 Mon-Fri 9am-5pm. Prices on this form are valid as of 1st April 2017 and are subject to change without notice. *Animas Vibe Insulin Pump CGM Offer starts on the 17th July 2017 and expires on the 17th October 2017. This offer must be placed within 1 month of Animas Vibe Insulin Pump sale and is only available to customers who are not eligible for the Government CGM Subsidy Initiative.