

## INSULIN PUMP APPLICATION - INITIAL PUMP

### Patient Consent for Release of Information

Patient Name		Date of Birth	
Address			
City	State	Postcode	Phone
I consent to the disclosure of my medical information relating to the condition/s requiring hospital treatment to health.com.au. I also give consent for any other medical practitioner(s) who has/have seen me regarding the condition/s to give medical information to health.com.au.			
Customer Number		Signature of Patient (or Guardian)	
Date			

### Details of New Device

Name of Device	Model Number
AHSA Prosthesis List Rebate Code	AHSA Prosthesis List Benefit
Reasons For Initial Pump (to be completed by Endocrinologist)	

### Endocrinologist Details

Dr	Phone
Address	Postcode
Email	
Signature	Date

### Diabetes Educator Details

Name	Phone
Address	Postcode
Email	
Signature	Date