Section 1: To be completed by the provider

Patient name:	Patient date of birth:
Membership number:	
Signature of member or guardian (and guardian name):	
Name and specialty of provider:	
Signature of provider:	Date of signing:

Contact information for provider
Phone:
Fax:
Email:

Details of new device
Name:
Model number:
Prostheses rebate code:

Please specify dates of insulin pumps previously funded.	
Current insulin pump	Name: Model number:
Is the insulin pump sought an:	1. Upgrade ☐ OR 2. Replacement ☐
Is the current device still functioning?	Yes ☐ No ☐

If "yes" what is the reason for the upgrade?

Provide details of any repairs to this device (including date - attach additional sheet if required):

Has the patient been on a prescribed regime of multiple insulin injections? Yes ☐ No ☐
If Yes, for how long? ☐☐ Years ☐☐Months
Number of injections per day: ☐☐
Varying dosage: Yes ☐ No ☐

Please provide details of glucose testing for the previous three months (attach additional sheet if required):

Has the patient completed a diabetes education scheme? Yes ☐ No ☐

Please specify location and facilitator:

Within the last 3 months has the patient experienced a Glycosylated haemoglobin level (HbAlc) greater than 8%? Yes ☐ No ☐

Teachers Federation Health Ltd
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68 Macquarie Street, Parramatta NSW
142 Beaumont Street, Hamilton NSW
393 Swanston Street, Melbourne VIC

Provide outline of reasons for upgrade or replacement.

Reasons for upgrade or replacement may include:

1. Current device is unable to be repaired (Please provide supporting documentation)
2. Current device is unable to be supported by manufacturer or clinic e.g. parts no longer available (Please provide supporting documentation).
3. The new device is able to clearly offer significant new or improved clinical benefits.

The absence of a particular feature on the current insulin pump will not be used as the basis for providing an up-graded insulin pump. There must be significant demonstrable clinical benefits to the patient for an upgrade to be considered for funding.

Please provide details (specific to the applicant) of clinical benefits which will be gained from the new device.

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