

Tandem® Order Form



Customer Details - all the fields below are required

Customer Full Name:	Date of Birth:	
Phone:	Address:	
Email:	Street Address: Suburb:	
Parent/Guardian Name (if applicable):	State: Postcode:	
Health Fund:	Fund Membership #:	
<input type="checkbox"/> I give my consent to AMSL Diabetes to liaise with my health fund on my behalf and with myself, with regards to (but not limited to) payments for my insulin pump and confirming my eligibility. I declare that the information I have provided is true and correct.		
Customer Signature (signature must be handwritten):		
Please tick your pumping status:		
<input type="checkbox"/> Out of warranty	<input type="checkbox"/> From loan pump	
<input type="checkbox"/> New pump purchase	<input type="checkbox"/> Upgrade from other brand _____	
How did you hear about us?		
<input type="checkbox"/> Social media	<input type="checkbox"/> Sales representative	<input type="checkbox"/> Healthcare professional
<input type="checkbox"/> Family/friends	<input type="checkbox"/> Google/internet search	<input type="checkbox"/> AMSL Diabetes customer

Hospital/Clinic Contact Details - all the fields below are required

Prescribing Doctor Name (required):	Clinic/Delivery Address:
Diabetes Educator Name (required):	Street Address: Suburb:
Hospital/Clinic Name:	State: Postcode:
Phone:	Pump Start Date:
Email:	
<input type="checkbox"/> I agree that the Diabetes Clinic/Hospital service listed above will carry out or oversee the Tandem Insulin Pump training for this patient. I confirm the patient's health record contains supporting documentation, which substantiates the clinical use of the Tandem Insulin Pump. I understand the indications for use, and associated warnings and precautions of the Tandem Insulin Pump System. A copy of this order will be retained as part of the patient's medical record.	
<input type="checkbox"/> Customer will be admitted to hospital for the pump start.	AMSL Diabetes Representative Name:
Healthcare Professional Signature (signature must be handwritten):	

Required Paperwork (select one of the two options)

<input type="checkbox"/> Invoice Hospital: Purchase order	<input type="checkbox"/> Invoice Health Fund: Clinical Need Letter and Health Fund Form
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Tandem Order Details

SKU	Description	Price	Prostheses Code
1002-684-1	Tandem t:slim X2 Insulin Pump	\$8502	AN014

Please email completed form to diabetes@amsl.com.au

For more information on Tandem, please contact the AMSL Diabetes Customer Care Team on **1300 851 056**.

amsldiabetes.com.au    

By making a purchase with AMSL Diabetes you agree to the terms and conditions of sale, warranty and Privacy Policy listed at amsldiabetes.com.au. If payment is not received by your nominated Health Fund, you will be liable for the full cost of the insulin pump. Insulin Pumps are medical aid devices intended for use by patients requiring insulin infusion. Insulin Pumps are not a substitute for, and should not replace, regular communication and training between the patient and the diabetes healthcare team. Pump starts must be performed by a healthcare professional with appropriate Tandem training. It is the patient's responsibility to seek clinical advice from their healthcare professional when necessary and to use the device as per usage instructions and warranty conditions. In agreement with the Privacy Act 1988 (Cth), patient records will be maintained in accordance with the National Privacy Principles. The healthcare team, its employees and agents 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 cost of the Insulin Pump. 210219

