

INSULIN PUMP APPLICATION - UPGRADE / REPLACEMENT

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			

Current Insulin Pump

Name of Device	
Model Number	Date of Purchase

Details of New Insulin Pump

Name of Device	Model Number
AHSA Prostheses List Rebate Code	AHSA Prostheses List Benefit

Reasons For Upgrade / Replacement

(to be completed by Endocrinologist)	Documents To Attach
	<input type="checkbox"/> Letter From Endocrinologist
	<input type="checkbox"/> BSL Results
	<input type="checkbox"/> Clinical History
	<input type="checkbox"/> Supplier Work Report (if applicable)

Endocrinologist Details

Dr	Phone
Address	Postcode
Email	
Date	Signature

Diabetes Educator Details

Name	Phone
Address	Postcode
Email	
Date	Signature