Dexcom G4-G5 Order Form

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Note: All fields below are required.				Date:					
Customer Details									
Customer Full Name:				Address:					
Date of Birth:				Street Address: Suburb:					
Phone:									
Email:				State:	Postcode	Postcode:			
I agree to the terms and condi I agree that, before I use the p healthcare professional or AM	roduct, I will re	eview all tl	he training	material provided. If I need	further training, I will con	ntact my	hased.		
Customer Signature:									
Hospital/Clinic Contact	Details								
Healthcare Professional Name:			Clinic Address:						
Hospital/Clinic Name:			Street Address: Suburb:						
·									
Phone:									
Email: Dexcom Start Date:				State:	Postcode	Postcode:			
AMSL Diabetes Representative Name:									
·									
Delivery Address (no PC) Box)								
Home Address			Clinic Address (I have informed my clinic and HCP that this order is being sent here)						
Other (please specify):									
Dexcom Order Details Please note: If you are using your smart device as your display device, please check that your smart device is compatible with the Dexcom G5 Mobile app prior to purchase. For									
a full list of compatible smart devices, visit dexcomes G5® Mobile	com.com/dexcom	-international		y. Dexcom G4® PLATI	NILIM	Price	Otv		
Dexcom G5° Mobile Dexcom G5 Mobile Kit		\$910	Qty	Dexcom G4 PLATIN		\$580	Qty		
1x Transmitter (3-month life) 1x Dexcom Sensor 4 Pack (28 days of use)		40.0		(6-month warranty)	om manomito.	,			
Dexcom G5 Mobile Transmitter (3-month life)		\$540		Dexcom G4 PLATIN	UM Receiver	\$810			
Dexcom G4/G5 Sensor 4 Pack (28 days of use)		\$370		Dexcom G4/G5 Sens (28 days of use)	sor 4 Pack	\$370			
Dexcom G5 Mobile Receiver	\$650		Dexcom G4 Sensor (28 days of use)	r 1 Pack (trial) \$95					
Payment Information									
Total (\$): Card No				CVC:					
		er Name:							
OR, I have paid for the full order online									
Total amount will be charged. Payment information must be completed prior to submitting order form or the order cannot be processed.									

Alternatively, you can complete your payment at www.amsldiabetes.com.au/shop. Amex cards will incur a 1.25% surcharge.

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

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

amsIdiabetes.com.au 🕧 💟 🎯 🕞







