

# Tandem™ Insulin Pump 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 #:		

I give my consent to AMSL Diabetes and 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 agree to the terms and conditions on this Tandem order form. I declare that the information I have provided is true and correct.

Customer Signature:	Date:
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Please tick your pumping status:

<input type="checkbox"/> Upgrade from other brand _____	<input type="checkbox"/> From loan pump
<input type="checkbox"/> New pump purchase	<input type="checkbox"/> Out of warranty Tandem

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:			

Telehealth Pump Start

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.

Customer will be admitted to hospital for the pump start. AMSL Diabetes Representative Name:

Healthcare Professional Signature:	Date:
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## Required Paperwork (select one of the two options)

Invoice Hospital: Purchase order       Invoice Health Fund: Clinical Need Letter and Health Fund Form

## Tandem Order Details (select one of the two options). I understand that the t:slim X2 insulin pump with Basal-IQ/Control-IQ Technology is compatible with the Dexcom G6 CGM system only, sold separately

SKU	Description	Price	Prostheses Code
<input type="checkbox"/> 1006419	Tandem t:slim X2 insulin pump with Basal-IQ	\$8,574	AN017
<input type="checkbox"/> 1005611	Tandem t:slim X2 insulin pump with Control-IQ	\$8,574	AN018

Please email completed form to [diabetes.orders@amsl.com.au](mailto:diabetes.orders@amsl.com.au)

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

[amsl diabetes.com.au](http://amsl diabetes.com.au)

By making a purchase with AMSL Diabetes you agree to the terms and conditions of sale, warranty and Privacy Policy listed at [amsl diabetes.com.au](http://amsl diabetes.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 customers requiring insulin infusion. Insulin Pumps are not a substitute for, and should not replace, regular communication and training between the customer and the diabetes healthcare team. Before using a Tandem insulin pump, customer agrees to undertake pump training by a certified Tandem pump trainer. It is the customer'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), customer 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. 280222

