

Funding Start Date

PATIENT & CONTACT DETAILS

Full Name	<input type="text"/>
Date of birth	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Mobile no.*	<input type="text"/>
Landline no.	<input type="text"/>
Email*	<input type="text"/>
Hospital attended	<input type="text"/>

*An email address or mobile number is required for notification of delivery.

FUNDING INFORMATION

PO number/Billing ref	<input type="text"/>
PT ID (if required)	<input type="text"/>

BILLING DETAILS

If this section has not been completed correctly no order will be shipped

Organisation	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>

PREGNANCY DURATION FUNDING ALLOCATION - 12 MONTHS

Please indicate if you require a Receiver

Product Code	Description	Qty	Quarterly Price	Subtotal	VAT	Total
STK-GS-109	G6 Receiver (Optional)		£290	£	20%	£
GB-MAT-G6/V2	Consists of 1 x transmitter (STT-GS-003) and 3 x boxes of sensors (STS-GS-003)	4	£400	£ 1600	20%	£1920
Order Amount <i>(Inc VAT, shipping and handling)</i>						£

FIRST SUPPLY DELIVERY DETAILS

Please select either delivery at-home or in-clinic for the patient's first supply

HOME START

By selecting 'home start', the first shipment will go directly to your patients home address.

Ship to patient's home address

Full Name	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>

CLINIC START

By selecting 'clinic start', the first shipment will either go directly to the hospital address below or taken from hospital stock.

Hospital address

Name	<input type="text"/>
Address <i>Including ward/clinic details</i>	<input type="text"/>
Postcode	<input type="text"/>

Has the patient been set up with hospital stock?

Yes No

If yes, please provide transmitter serial number below.

If you have selected yes above do you require a delivery to replenish GB-MAT-G6/V2 x 1?

Yes No

FUTURE ORDERS

Upon receiving this form Dexcom will schedule your CGM supplies every 3 months for the duration of the agreed funding.

All future orders will be shipped to the patient's address unless otherwise advised, please provide details

ADDITIONAL INFORMATION

Please send all patient and purchase order forms to ukie.pregnancy@dexcom.com
For any enquiries email the team at the above address or call 0800 031 5761