

Medtronic Insulin Pump & Supplies

Prescription & Certificate of Medical Necessity

Complete and Return
Fax to (207) 795-7622

ORDER INFORMATION

Order Type: New Pump Replacement Pump (Current Pump Model: _____)
Reason for Replacement: _____

Complete System: MiniMed 780G System MiniMed 770G System

- Insulin Pump (E0784)
- Transmitter (A9277/A4238) (4/365) For use with sensors to check blood glucose daily
- Sensors (A4238/A9276/A4239) Change sensors every 6 days/7 days/15 days

Pump Only: MiniMed 780G System MiniMed 770G System

CGM Products: Sensors (A4238/A9276/A4239) Change sensors every 6 days/7 days/15 days

Simplera Guardian 4 Instinct

Transmitter (A4238/A9277) (4/365)
For use with sensors to check blood glucose daily

Pump Supplies: *Choose one: (if extended, TDD req'd)*

Standard Infusion Set and Reservoir

Extended Infusion Set and Reservoir

Total Daily Dose (TDD): _____ units

Related Supplies: IV Preps & Adhesives Alcohol Swabs Tape Transparent Dressings

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____

Patient Address: _____

Patient Email: _____ Phone: _____

STATEMENT OF MEDICAL NECESSITY (PHYSICIAN USE ONLY)

Diagnosis (ICD-10): Type 1: E10.9 E10.65

Type 2: E11.9 E11.65

Additional diagnosis: _____

Member to change infusion sets every three (3) days, or every _____ days.

Number of Refills: 11

PHYSICIAN INFORMATION

Physician name: _____ NPI: _____

Hospital/Clinic: _____ Phone: _____

Address: _____ Fax: _____



Phone: (207) 784-3700



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