

Product Request Form

dexcomG7

This form is to request one (1) month of free Dexcom G7 CGM supplies.*† By completing this form, I am acknowledging that the patient is not currently using Dexcom G7 and that the patient (or parent/guardian) has given consent for email communications related to the receipt of free supplies from Dexcom.

Patient Information:

Patient First Name: _____ Patient Last Name: _____

Patient Date of Birth (DD/MM/YYYY): _____ Phone Number: _____

Parent/Guardian Name: _____

Email Address: _____

Patient current glucose monitoring method: ☐ Fingersticks (BGM) ☐ Libre CGM

Other: _____

Pump Manufacturer: _____

Shipment information:

Ship To: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Note: Addresses with a PO Box number will be shipped by Canada Post.

Insulin Pump Training Appointment Date (DD/MM/YYYY): _____

Please allow 7 business days from submission for the Dexcom supplies to be delivered prior to the appointment date stated above.

Signature: _____ **Printed Name:** _____

please specify: ☐ healthcare professional ☐ pump representative

Date (DD/MM/YYYY): _____ Contact Number: _____

Please return this completed form by encrypted email or fax to:

Email: ca.sales@dexcom.com **Fax (Toll-free):** 1-844-348-0784

Upon receipt of this form, Dexcom will verify the patient eligibility for the free supplies. If verified, Dexcom will ship the supplies to the address listed above. This offer is valid in all provinces and territories of Canada and expires on December 31, 2026.

Dexcom reserves the right to cancel the program at any time.

CGM, real-time Continuous Glucose Monitoring. * One month of Dexcom G7 supplies = 3x Dexcom G7 Sensors. † The Dexcom G7 CGM System ("Dexcom G7") is provided for the sole purpose of allowing a healthcare provider and patient to observe and evaluate the patient experience, including the ease of use, safety, and efficacy of the Dexcom G7 and to determine if the Dexcom G7 is right for the patient.

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