

# 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](mailto: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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