

Dexcom Canada Product Request Form

Tandem Pump Starts

This form is to request one (1) month of free Dexcom rtCGM supplies,*† Dexcom G7 or Dexcom G6, depending on the patient's therapeutic or coverage requirements. By completing this form, I am acknowledging that the patient is not currently using Dexcom rtCGM and that the patient (or parent/guardian) has given consent for email communications related to the receipt of free supplies from Dexcom. 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 below. This offer is valid in all provinces and territories of Canada and expires on December 31, 2024.

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

Patient Information:

Patient First Name: _____ Patient Last Name: _____

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

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

Shipping Address:

Ship To: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Shipment information:

Dexcom rtCGM Supplies Requested (select one)

Dexcom G7 Dexcom G6

Preferred Shipping Carrier (select one)

If the shipping address is a PO Box, please choose Canada Post to avoid delays.

FedEx Purolator Canada Post

Preferred Shipping Date (DD/MM/YYYY): _____

To ensure Dexcom supplies are delivered prior to the insulin pump training, please allow a minimum of 5 business days for delivery.

Marketing:

Email Opt-in

Would you like to stay up to date with Dexcom products and news via e-mail?

Yes No

By checking "Yes" above, I agree to receive future marketing electronic communications (i.e., emails) with information about Dexcom products, services, and programs, such as information to show me how to get the most from my Dexcom rtCGM experience and to provide helpful diabetes management tips and insights as I explore what my Dexcom rtCGM can do, as well as future promotional offers and communications ("Dexcom Communications"). I understand that I may withdraw my consent at any time, by using the unsubscribe opportunity provided on Dexcom emails or as set out in Dexcom's Privacy Policy.

Signature (of HCP or Tandem Representative): _____

Date (DD/MM/YYYY): _____

Printed Name: _____ 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

HCP, healthcare professional; rtCGM, real-time Continuous Glucose Monitoring.

*One month of Dexcom G7 supplies = 3x Dexcom G7 Sensors. One month of Dexcom G6 supplies = 3x Dexcom G6 Sensors and 1x Dexcom G6 Transmitter.

†The Dexcom G7 rtCGM System ("Dexcom G7") or the Dexcom G6 rtCGM System ("Dexcom G6") 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 or Dexcom G6 and to determine whether the Dexcom G7 or Dexcom G6 is right for the patient.

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