## **Dexcom G6 Order Form**

Date:

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Tiote: 7 (ii lields below are i	required:		Date.					
Customer Details								
Customer Full Name:			Address:					
Date of Birth:			Street Address: Suburb:					
Phone:								
Email:			State:			Postcode:		
I agree to the terms and conditions on this Dexcom order form and accept the warranty information regarding each product purchased. I agree that, before I use the product, I will review all the training material provided. If I need further training, I will contact my healthcare professional or AMSL Diabetes. I agree that I will make a follow up appointment with my healthcare professional.								
Customer Signature:								
Hospital/Clinic Contact Details								
Healthcare Professional Name	Clinic Address:							
Hospital/Clinic Name:			Street Address: Suburb:					
Phone:								
Email:								
Dexcom Start Date:			State: Postcode:					
AMSL Diabetes Representative Name:								
Delivery Address (no PO Box)								
☐ Home Address			Clinic Address (I have informed my clinic and HCP that this order is being sent here)					
Other (please specify):								
Dexcom Order Details								
Please note: If you are using your smart device as your display device, please check that your smart device is compatible with the Dexcom G6 app prior to purchase. For a full list of compatible smart devices, visit dexcom.com/dexcom-international-compatibility.								
						Qty		
Dexcom G6 Kit: 1x Transmitter (3-month life) & 1x Dexcom G6 Sensor 3 Pack (30 days of use)								
Dexcom G6 Transmitter (3-month life)								
Dexcom G6 Sensor 3 Pack (30 days of use)								
Dexcom G6 Receiver				\$650				
Payment Information								
Total (\$): Card No:			CVC:					
Expiry: Cardholder Name:								
OR, I have paid for the full order online								

Total amount will be charged. Payment information must be completed prior to submitting order form or the order cannot be processed. Alternatively, you can complete your payment at amsIdiabetes.com.au/shop. Amex cards will incur a 1.25% surcharge.

Please email completed form to diabetes@amsl.com.au

For more information on Dexcom, please contact the AMSL Diabetes Customer Care Team on 1300 851 056.

amsIdiabetes.com.au 🚹 💟 💿 🕞



Note: All fields below are required





