

Patient label

Prescriber Name _____ Prescriber No _____

Signature _____

SA# _____ Expiry ____/____/____

Date ____/____/____

Pharma Code	Description	Package Format	Quantity
Hardware			
2556928	Tandem t:slim X2™ Insulin Pump	1	
Cartridge			
2556790	Tandem t:slim X2™ Cartridge 300U	10/box	
AutoSoft™ 90 - Straight-in, auto-insert, teflon infusion set			
2556804	AutoSoft™ 90 Infusion Set 6mm cannula/60cm line	10/box	
2556812	AutoSoft™ 90 Infusion Set 6mm cannula/110cm line	10/box	
2556820	AutoSoft™ 90 Infusion Set 9mm cannula/60cm line	10/box	
2556839	AutoSoft™ 90 Infusion Set 9mm cannula/110cm line	10/box	
AutoSoft™ 30 - Angled, auto-insert, teflon infusion set			
2556847	AutoSoft™ 30 Infusion Set 13mm cannula/60cm line	10/box	
2556855	AutoSoft™ 30 Infusion Set 13mm cannula/110cm line	10/box	
TruSteel™ - Straight-in, manual-insert, metal infusion set			
2556863	TruSteel™ Infusion Set 6mm cannula/60cm line	10/box	
2556871	TruSteel™ Infusion Set 6mm cannula/81cm line	10/box	
2556898	TruSteel™ Infusion Set 8mm cannula/60cm line	10/box	
2556901	TruSteel™ Infusion Set 8mm cannula/81cm line	10/box	

Limits:
 1 pump per prescription
 3 boxes of infusion set per prescription
 3 boxes of cartridge per prescription
 Maximum of 13 boxes of infusion set will be funded per year
 Maximum of 13 boxes of cartridges will be funded per year

Prescriber Address

Note to Pharmacist

Patient name must be supplied with pump purchase order to comply with serial number tracking requirements for emergency recall purposes.