

Consent and Information Form for ODSP Benefits Recipients

PATIENT INFORMATION

Patient Name: _____

ODSP Member ID# _____

Date of Birth (mm/dd/yyyy): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

Home Phone: _____ Mobile: _____

PRESCRIBING PHYSICIAN OR NURSE

Physician or Nurse Name: _____

Hospital/Clinic Name: _____

Address: _____

Phone: _____ Fax: _____

ODSP CASE WORKER INFORMATION

ODSP Case Worker Name: _____

ODSP Office Location (City): _____

ODSP Case Worker Phone: _____

ODSP Case Worker Fax: _____

Dexcom Canada, Inc. will use the information provided in this form for the purposes of discussing or communicating the cost of a Dexcom Continuous Glucose Monitoring (CGM) system with ODSP. In order to authorize Dexcom Canada, Inc. to discuss and/or disclose this personal information to ODSP for the purposes described above, please complete, sign and date the statement below. If you have any questions, please contact us at 1-844-832-1810.

I, _____, hereby authorize Dexcom Canada, Inc. to speak or communicate, including by phone, fax or email, directly to ODSP, including my ODSP case worker, about the use of a Dexcom CGM system and the cost of such products.

Patient Signature

Date (mm/dd/yyyy)

Guidelines to Request ODSP Approval for the Dexcom G6® Continuous Glucose Monitoring (CGM) System

STEP 1 - Complete this form and return it to Dexcom Canada by email to ca.sales.dc@dexcom.com, or by toll-free fax to 1-844-348-0784.

STEP 2 - Patient contacts their ODSP case worker to request the Mandatory Special Necessities (MSN) Benefit Request Form. The ODSP case worker will mail the form to the patient at home, or the patient may visit the case worker in person to request the form.

Note: The MSN form is only available from the case worker; it is not provided by Dexcom Canada.

- During this time, Dexcom Canada provides an estimate for the cost of the Dexcom G6® CGM System to the case worker.

STEP 3 - Patient brings the MSN Benefit Request Form back to their diabetes clinic or doctor's office for completion. The form can be completed by any doctor or registered nurse from the diabetes clinic.

STEP 4 - Patient returns the completed MSN form to the ODSP case worker in person, or by mail. The original document must be provided. A scanned, faxed, or emailed copy is not accepted.

STEP 5 - If approved by the ODSP case worker, Dexcom Canada is notified and contacts the patient to arrange shipment of the product.

Note: The patient is not charged or billed. ODSP is invoiced directly by Dexcom Canada for payment.

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or by toll-free fax to 1-844-348-0784.**