



SEVEN[®] PLUS Continuous Glucose Monitoring System

DexCom Customer Support
 Monday – Friday 6am -5pm PST
 Toll Free Phone:
 1-888-SEVENGO (738-3646)
 Toll Free Fax: (877)-633-9266
 Online Store: www.DexCom.com

<input type="checkbox"/> Rep Stock Order <input type="checkbox"/> Patient Order For DexCom Personnel Only PAYMENT/ORDER NOTES:	NAME: _____ TSM #: _____ SIGNATURE/DATE: _____
	CREDIT CARD TYPE: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER
	CREDIT CARD NUMBER _____ EXP DATE _____
	CUSTOMER SIGNATURE _____ DATE _____
	PRESCRIBING PHYSICIAN NAME / SITE _____

Please Note: A valid prescription must be on file with DexCom prior to purchasing a SEVEN PLUS System or supplies.

Credit Card Billing Address:	Shipping Address: <input type="checkbox"/> Check if same as billing address (FedEX cannot deliver to a P.O. BOX)
NAME ON CREDIT CARD	CUSTOMER NAME
STREET ADDRESS	STREET ADDRESS
CITY STATE ZIP () - () -	CITY STATE ZIP () - () -
HOME PHONE # WORK PHONE #	HOME PHONE # WORK PHONE #
EMAIL ADDRESS	MOBILE PHONE #

PRODUCTS:

Description	Part Number	*Lot/Serial #	List Price	Qty	Total
SEVEN PLUS Starter Kit	STK-7U-030		\$1248.00		
Seven Sensors Box (4 per box)	STS-7K-041		\$399.00		
Federal Express Shipping charges will apply: *Rep Order Only					Total
Shipping options: <input type="checkbox"/> 3 day (\$18.00) <input type="checkbox"/> 2 day (\$27.00) <input type="checkbox"/> overnight (\$43.00)					Shipping
<i>Please note: Shipping methods not indicated will default to 3 day delivery service.</i>					Tax
					Grand Total

DexCom Customer Support and Reimbursement Assistance

PRIMARY HEALTH INSURANCE INFORMATION	
Policy Holder:	
Date of Birth:	
Insurance Name:	
Policy ID:	
Group Number:	
Phone Number:	
Employer:	

SECONDARY HEALTH INSURANCE INFORMATION	
Policy Holder:	
Date of Birth:	
Insurance Name:	
Policy ID:	
Group Number:	
Phone Number:	
Employer:	

DexCom recognizes that medical information is confidential and will maintain the privacy of your health information. Information will only be used and disclosed in accordance with HIPAA requirements.

PLEASE FAX ALL COMPLETED ORDERS WITH INSURANCE CARD TO (877)-633-9266