



PRESCRIPTION (Rx) – GUARDIAN® REAL-TIME SYSTEM

DATE: _____

PATIENT NAME: _____

PATIENT DOB: _____

PATIENT ADDRESS: _____

PATIENT PHONE: _____

The above noted patient is currently under my care for management of diabetes mellitus. I am prescribing the items checked below. The disposable supplies may be refilled as necessary for one year.

- Guardian REAL-Time Continuous Glucose Monitoring System
 - Check if prescribing pediatric model
- MiniLink™ REAL-Time Transmitter
- Glucose sensors
- Blood Glucose Test Strips
- Lancets

Sincerely,

Doctor's Signature: _____ Date: _____

Doctor's Name (printed): _____

Doctor's Address: _____

Doctor's Phone Number: _____

Medical License #: _____

National Provider Identification Number (NPIN): _____

Universal Provider Identification Number (UPIN): _____

**Please fax to Medtronic Diabetes at your earliest convenience.
Fax #: 800-433-9867**

