

**Letter of Medical Necessity**

Patient's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**To Whom It May Concern:**

This letter serves as a lifetime prescription and Letter of Medical Necessity for the continuous glucose monitoring transmitter and glucose sensors to be used in conjunction with a Medtronic MiniMed Paradigm® Insulin Pump.

This patient has had **type** \_\_\_\_ diabetes for \_\_\_\_ **years** and has been on insulin therapy for \_\_\_\_ years.

The patient's most recent A1C readings are:

\_\_ A<sub>1c</sub> \_\_\_\_ % (Date) \_\_\_\_\_ A<sub>1c</sub> \_\_\_\_ % (Date) \_\_\_\_\_

The patient or guardian (please indicate those that apply):

- Has demonstrated satisfactory ability to self-monitor blood glucose levels appropriately.
- Is motivated to achieve and maintain improved blood glucose control.
- Is physically and intellectually able to operate an insulin pump and continuous glucose monitoring system.
- Demonstrates adherence to a dietary and insulin regimen consistent with use of an insulin pump and continuous glucose monitoring system.

The patient's condition may benefit from use of a continuous glucose monitoring system in one or more of the following ways (please indicate those that apply):

- To lessen variations in glucose levels
- To plan for or achieve optimal glucose control during pregnancy
  
- To prevent/reduce the frequency of hypoglycemia
- To improve hypoglycemia awareness
- To prevent/reduce nocturnal hypoglycemia
- To improve glycemic control in the setting of gastroparesis
- To improve glycemic control in order to reduce progression of known
  - a) retinopathy
  - b) neuropathy
  - c) nephropathy
  - d) other \_\_\_\_\_

- Sample continuous glucose monitoring tracing attached

**Recommended glucose sensor use:**

- Continuous use --**  
(Up to 10 / month)
- Intermittent Use --**  
(4-6 / month)

**I certify that this information is correct**

Physician's Name:

Street Address:

City:

Province:

Postal Code:

Tel:

Fax:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_