

The Guardian® REAL-Time System Order Form



Please complete all of the information below and fax this order to **1-866-430-0349**.

PATIENT INFORMATION

Name: _____

Parent/Guardian Name (required if under the age of 19): _____

Phone number where we can leave a message: _____ Best time to call: AM PM

Home address: _____

City: _____ Province: _____ Postal code: _____

Shipping address (if different from above): _____

City: _____ Province: _____ Postal code: _____

E-mail address: _____ Date of birth: _____

Name of current doctor: _____

Doctor's address: _____

City: _____ Province: _____ Postal code: _____

Name of Diabetes Educator: _____

Educator's address: _____

City: _____ Province: _____ Postal code: _____

Yes, I would like to order the Guardian® REAL-Time System for \$2000.00.



PAYMENT INFORMATION

Select payment method:

Credit card: VISA MASTERCARD AMERICAN EXPRESS

Credit card #: _____ Expiration date: _____

Name of cardholder (if different than above): _____

Billing address (if different than shipping address): _____

City: _____ Province: _____ Postal Code: _____

PAYMENT PLAN INFORMATION

(If choosing a payment plan option, please include a signed payment plan form with your order)

- 6 MONTHS, 50% DOWN/\$35.00 ADMIN FEE**
- 12 MONTHS, 25% DOWN/\$50.00 ADMIN FEE**
- 24 MONTHS, 0% DOWN/\$150.00 ADMIN FEE** (a credit application must be included with this payment plan option)

At Medtronic Minimed of Canada Ltd. we respect your privacy. The personal information you have provided will be used to update your account, to administer your product order and provide ongoing product notifications to you, and for no other purposes.

For Office Use Only

Account #: _____

Packing Slip #: _____

Serial # Shipped: _____



Medtronic

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