

Patient Label

Prescribe Name: \_\_\_\_\_  
 Prescriber Number: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Authority Number: \_\_\_\_\_ Expiry: \_\_\_\_/\_\_\_\_/\_\_\_\_

PHARMA CODE	MEDTRONIC ORDER CODES	DESCRIPTION	PACKAGE FORMAT	QUANTITY
<b>MEDTRONIC INSULIN PUMPS</b>				
2694379	MMT-1895	MiniMed® 780G 3.0mL Black	1 device	
<b>MEDTRONIC CONTINUOUS GLUCOSE MONITORING (CGM)</b>				
2694387	MMT-7840W7	Guardian™ 4 Transmitter Kit	1 Kit	
2694395	MMT-7040C5	Guardian™ 4 Sensor	Box of 5	
<b>MEDTRONIC SYRINGES/RESERVOIRS</b>				
2703041	MMT-332A	Reservoir - 3.0 mL.	Box of 10	
2717336	MMT-342G	Extended™ Reservoir	Box of 5	
<b>MEDTRONIC EXTENDED™ INFUSION SETS</b>				
2717344	MMT-431AK	Extended™ Infusion Set (6 mm, 60 cm)	Box of 4	
2717352	MMT-432AK	Extended™ Infusion Set (6 mm, 80 cm)	Box of 4	
2717360	MMT-441AK	Extended™ Infusion Set (9 mm, 60 cm)	Box of 4	
2717379	MMT-442AK	Extended™ Infusion Set (9 mm, 80 cm)	Box of 4	
<b>MEDTRONIC SILHOUETTE™ INFUSION SETS</b>				
2591561	MMT-381A	MiniMed™ Silhouette™ Infusion Set (13 mm, 60 cm)	Box of 10	
2591553	MMT-378A	MiniMed™ Silhouette™ Infusion Set (17 mm, 60 cm)	Box of 10	
2591545	MMT-377A	MiniMed™ Silhouette™ Infusion Set (17 mm, 110 cm)	Box of 10	
<b>MEDTRONIC QUICK-SET™ INFUSION SETS</b>				
2591677	MMT-399A	MiniMed™ Quick-Set™ Infusion Set (6 mm, 60 cm)	Box of 10	
2591669	MMT-398A	MiniMed™ Quick-Set™ Infusion Set (6 mm, 110 cm)	Box of 10	
2591650	MMT-397A	MiniMed™ Quick-Set™ Infusion Set (9 mm, 60 cm)	Box of 10	
2591642	MMT-396A	MiniMed™ Quick-Set™ Infusion Set (9 mm, 110 cm)	Box of 10	
<b>MEDTRONIC SURE-T™ INFUSION SETS</b>				
2591685	MMT-864A	MiniMed™ Sure-T™ Infusion Set (6 mm, 60 cm)	Box of 10	
2591693	MMT-866A	MiniMed™ Sure-T™ Infusion Set (6 mm, 80 cm)	Box of 10	
2591707	MMT-874A	MiniMed™ Sure-T™ Infusion Set (8 mm, 60 cm)	Box of 10	
2591715	MMT-876A	MiniMed™ Sure-T™ Infusion Set (8 mm, 80 cm)	Box of 10	

Product Limits	Max per prescription
MiniMed® 780G Pump	1 Pump every 4 years
Guardian™ 4 Transmitter Kit	1 Kit every 12 months
Guardian™ 4 Sensor	3 Boxes every 3 months
Reservoir - 3.0 mL.	9 Boxes every 3 months
Infusion Sets	5 Boxes every 3 months

Prescriber Address:

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**Note to Pharmacist:** Please supply patient name to wholesaler in order to comply with serial number tracking requirements for recall purposes.