

Height

Please provide us with your height and weight.
By providing this, we will be able to send the appropriate supplies

Weight

Do you have dexterity issues?

Yes

No

× Clear choice

Based on your answers we will send out the appropriate infusion sets.

Patient Testing Frequency

Please select

Injection Frequency

Please select

How long have you been injecting more than three times a day?

How many units of insulin do you inject each day?

Current Pump Model

Pump Serial Number

Insurance that paid for your current pump

116553809 116553810

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Date of Purchase

MM/DD/YYYY

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Please select malfunctions you have experienced ✓ Select all ✕ Clear choices

<input type="checkbox"/> No insulin delivery alarms	<input type="checkbox"/> Cracks in pump
<input type="checkbox"/> Pump not responding when buttons pressed	<input type="checkbox"/> Pump shuts off even when battery is fully charged
<input type="checkbox"/> N/A	<input type="checkbox"/> Other

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Please confirm you would like to receive a replacement pump ✕ Clear choice

☐ Yes

☐ No

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If you are currently on a pump and continually using it, please provide the date you received the pump:

MM/DD/YYYY

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How often are you changing the site?

Please select

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How many days on hand do you have?

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Infusion sets do vary by manufacturer. Provide your current cannula size and tubing length below. We will ship comparable supplies.

116554236 Not included in note

What is your current cannula size? ✕ Clear choice

☐ 6 mm

☐ 9mm

☐ Other

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What is your current tubing length? ✕ Clear choice

☐ 23"

☐ 32"

☐ 43"

☐ Other

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CCS Medical provides services for Continuous Glucose Monitor Systems. Would you like to receive CGM supplies from CGM Medical? ✕ Clear choice

☐ Yes, I'm interested

☐ No, I'm not interested at this time

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If you are covered at 100% and all documents are on file, do you approve CCS to ship your Insulin Pump/Supplies order? ✕ Clear choice

☐ Yes

☐ No

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