

LET'S REDUCE NEEDLE ANXIETY TOGETHER

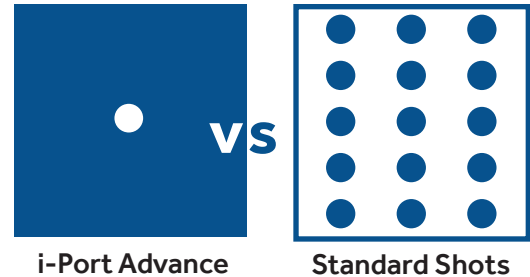
i-Port Advance®

WHAT IS i-PORT ADVANCE?

i-Port Advance provides a comfortable* yet dependable way to inject your medications, allowing you to take multiple injections for three days without having to puncture your skin for each dose of medication. You are not required to remove the i-Port Advance for daily activities such as bathing and exercising. i-Port Advance comes with an auto-inserter for easy application.

i-PORT ADVANCE SOLUTION

Just one shot when you put it on - then for the next 3 days, i-Port Advance takes the rest of the shots for you.



SIMPLE TO APPLY. EASY TO USE.

i-Port Advance reduces skin punctures from multiple shots a day to a single application every 3 days.



1 Open i-Port Advance



2 Place i-Port Advance



3 Begin to use

For more complete detail on the application, use and removal of i-Port Advance, watch the training video at <http://www.medtronicdiabetes.com/products/i-port-advance>

TO GET YOUR **FREE**** i-PORT ADVANCE SAMPLE:

- 1** Confirm with your doctor that i-Port Advance is right for you.
- 2** Ask your doctor to fax this Rx to **1-844-792-0710**.
- 3** Call **1-800-646-4633 Ext 21020** to request your **FREE 2-pack sample**.
- 4** Discuss training and next steps with your doctor.

*Survey data on file; individual results may vary.

** Offer must be used with a valid prescription from your healthcare provider. One redemption per person. Terms subject to change. Other restrictions may apply.

Important Safety Information: The i-Port Advance injection port is prescription-indicated for patients who administer, or to whom is administered, multiple daily subcutaneous injections of physician prescribed medications, including insulin. The device may remain in place for up to 72 hours to accommodate multiple drug injections without the discomfort of additional needle sticks. Site infection and/or irritation are possible. Patients experiencing such symptoms should immediately consult their healthcare provider and/or discontinue use.

Medtronic

PRESCRIPTION FORM

FAX TO:
1-844-792-0710

i-Port Advance[®]

Date: ____/____/____

PRESCRIBING DOCTOR INFORMATION

Doctor's name:	Phone:	Fax:
Address:	City, State, Zip:	

PATIENT INFORMATION

Patient name:	DOB:
Address:	City, State, Zip
Home phone:	E-mail Address

If patient is under 18 years of age:

Parent/Guardian name: _____

Primary insurance provider: _____

The above named patient is currently under my care for management of:

- Diabetes mellitus
 Other _____

PRESCRIPTION

Diagnosis Code (ICD-10): E11.9 E10.9 E11.65 E10.65 Other _____

In order to continue with this treatment, I am prescribing the supplies listed below. This prescription may be refilled as necessary for one year.

i-Port Advance: Patient ordered to change every 3 days (or as listed here _____).

Sincerely,

X _____ Date: _____

Name: _____ Medical License: _____ NPI# _____

*Substitute Prescriber: If you are another authorized prescriber signing on behalf of the prescriber identified on this form, you certify that you are a member of the same clinical practice, have the authority to sign on his/her behalf under specified circumstances (vacation, illness, leave, etc.), have access to this patients file, and approve this order by signing here:

X _____ Date: _____

Please fax to Medtronic Diabetes at your earliest convenience. **Fax: 1-844-792-0710**