



Standard of Care

I understand that this is a mandatory procedure repeated every six (6) months at Diabetes and Metabolism Specialists.

Therapy Evaluation

I understand my healthcare provided me with an Abbott Libre CGM (Continuous Glucose Monitor). I understand that the Libre CGM records glucose values in the interstitial fluids and allows my healthcare provider to review glucose patterns and trends. The Libre CGM does not allow me to visualize glucose values. The Libre CGM is not a replacement for blood glucose testing.

Potential Risks

I understand that the Libre CGM requires the insertion of a glucose sensor into/underneath the skin. Adverse events associated with the glucose sensor insertion are highly uncommon and are limited to bleeding, irritation, pain, rash, infection, raised bump, and irritation at the site from the tape to secure the Libre CGM to the skin.

Patient Instructions

Continuously wear the Libre sensor.
Complete the patient log sheet daily as instructed.
Keep the tape intact on your skin.
Do not administer insulin close to the glucose sensor site.
Protect the Libre recorder and sensor from accidental removal.

Patient Acknowledges

I have read and understand the above information.
I will return the Libre sensor on my scheduled day to my healthcare provider.
I understand I am financially responsible for losing or damaging the Libre sensor (\$500 value).

NOTICE OF POSSIBLE INSURANCE NON COVERAGE

I understand that my insurance MAY NOT COVER the Continuous Glucose Monitoring System (CGMS) Procedure, including interpretation. If my insurance does not cover the CGMS procedure/interpretation, I agree to be responsible for all of the charges which may be billed to me for this procedure.

Name _____ Date _____

PRINT