

675 Cochrane Drive • East Tower, 6th Floor, Room 611 Markham • Ontario • L3R 0B8 www.tandemdiabetes.ca

	Date:			
PATIENT'S NAME (FIRST, LAS	T):			DATE OF BIRTH (YYYY/MM/DD):
Dear			·	
		use of the t:slim X2™ ng Checklist for deta		
The following insul patient's current pu		ive been programme	d per provider's ord	ders or the
	Pers	sonal Profile (pump set	tings)	
Time	Basal Rate	Correction Factor	Carb Ratio	Target BG
midnight				
, , , , , ,				
Your patient is sch	eduled to follow-up	with your office on _		·
Please feel free to	contact me regardii	ng this patient.		
Respectfully,				
andem Diabetes	Care Canada, Inc.			

