

(Discontinuation of Flash Glucose Monitoring System Technology) NHS Number: Name: D.O.B.: Dear Doctor Your patient was seen on/..... by the diabetes specialist team for assessment of suitability for the continuation of FreeStyle Libre® Flash Glucose Monitoring System. Following review, the decision has been made to **discontinue** use of the technology. Please stop: FreeStyle Libre® sensors x 2 packs/kits We have reviewed the patient's blood glucose and ketone strips for cost effectiveness, the patient is using / is suitable to be switched to (please tick): ☐ GlucoMen Areo 2k® (please prescribe) • GlucoMen Areo sensor testing strips (50) strips (.....boxes per month) GlucoMen Areo Ketone sensor testing Strips (10) 10 strips (1 box) when required • GlucoJect Lancets Plus (200) □ Other, please state below: _____strips (......boxes per month) 10 strips (1 box) when required lancets Please see our local BCCG and LCCG Flash Glucose Monitoring FreeStyle Libre FAQs document for further information, if required. Thank you for your help Yours sincerely **Diabetes Specialist Team**

Report Summary to General Practitioner from Diabetes Specialist about your Patient