

**Report Summary to General Practitioner from Diabetes Specialist about your Patient
(Continuation 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.

Your patient has been using their FreeStyle Libre® Flash Glucose Monitoring System since/...../..... and has subsequently been reviewed, the patient has clinically benefited from using this device and CCG funding has been approved for months. **The patient has / has not been switched from Freestyle Libre to Freestyle Libre 2 sensors at this review.**

Please continue: **Freestyle Libre® sensors x 2 packs/kits OR**
(please tick) **Freestyle Libre 2® sensors x 2 packs/kits**
(This should be sufficient for a 1 month supply –
Please allow up to 6 to 12 repeat prescriptions)

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 (Max 3 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 (Max 3 boxes per month)
 - _____ 10 strips (1 box) when required
 - _____ lancets

Your patient will continue to be followed up by the specialist team and is still required to upload the device data to LibreView® every 2 weeks for ongoing support and honour the arrangements stated in the [patient agreement](#)

Please see our local [BCCG and LCCG Flash Glucose Monitoring FreeStyle Libre FAQs](#) document for further information

Thank you for your help

Yours sincerely

Diabetes Specialist Team