

V-Go Wearable Insulin Delivery Training Start Sheet

Fax form to 866-284-6950 or email to vgotraining@mannkindcorp.com



DISCLAIMERS

This document shall not be construed as a prescription or medical advice. This document or related training is also not meant to provide or replace any medical advice given from the patient's healthcare provider. Only a patient's healthcare provider is qualified to provide medical advice to a patient and all questions relating to a patient's treatment regimen should be directed to the patient's healthcare provider.

To be completed by Patient

I request that a V-Go Trainer contact me to schedule product training to teach me how to fill, wear and use V-Go.

Patient Name: _____

Date of Birth: ____/____/____

Phone Number: (____)____-____ Email Address: _____

Patient Signature: _____

Date: ____/____/____

By signing below, I attest that: 1) I am requesting the above patient be trained on the use of V-Go reinforcing my directions below. 2) I understand that this training is not meant to substitute or replace the training or medical advice I have given my patient. 3) V-Go trainers are only permitted to train patients on the use of V-Go consistent with FDA-approved labeling.

Training Requested:

- V-Go New Start Trained on V-Go, confirm understanding of how to fill, wear and use V-Go

V-Go preset basal rate

- V-Go 20 V-Go 30 V-Go 40

V-Go CLICKS with meals

(1 CLICK= 2 units of insulin)

_____ CLICKS(s) with breakfast

_____ CLICKS(s) with lunch

_____ CLICKS(s) with dinner

_____ CLICKS(s) with snacks (as needed)

Patient to check blood sugars _____ times a day _____ days a week

- Fasting Before Meals Before Bed _____

- Patient to adjust CLICK(s) based on blood sugars every ____ day(s)

If average blood sugar is greater than _____ **ADD** 1 click (see chart below)

If average blood sugar is less than _____ **SUBTRACT** 1 click (see chart below)

For blood sugars taken

Before Lunch adjust CLICKS (+/-) at next Breakfast as needed

Before Dinner adjust CLICKS (+/-) at next Lunch as needed

Before Bedtime adjust CLICKS (+/-) at next Dinner as needed

- Patient to contact HCP if blood sugar readings are below _____

Special instructions, including how patient instructed to adjust current insulin regimen prior to starting V-Go (if applicable):

HCP Name: _____ HCP Signature: _____ Date: _____

HCP City/State/Zip: _____ HCP Phone Number (____)____-_____

Important Safety Information: If regular adjustments or modifications to the basal rate of insulin are required in a 24-hour period, or if the amount of insulin used at meals requires adjustments of less than 2-Unit increments, use of the V-Go Wearable Insulin Delivery device may result in hypoglycemia. The following conditions may occur during insulin therapy with V-Go: hypoglycemia (low blood glucose) or hyperglycemia (high blood glucose). Other adverse reactions associated with V-Go use include skin irritation from the adhesive pad or skin infections at the infusion site. V-Go is magnetic resonance (MR) unsafe and should be removed before having an X-ray, MRI or CT scan.

Call 1-877-523-1199 to schedule training

Learn more about V-Go by visiting: www.go-vgo.com

Request to be trained at: www.vgotraining.com

Internal Use: _____

Date Trained: _____ Trainer Name: _____

____/____/____ Trainer Phone Number: _____

White: MannKind Yellow: Provider Pink: Patient