**Report Summary to General Practitioner from Diabetes Specialist about your Patient (Discontinuation of Dexcom ONE** **Continuous 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 Dexcom ONE ContinuousGlucose Monitoring System.

Following review, the decision has been made to **discontinue** use of the technology.

Your patient is fully aware of this decision and that they have the option to self-fund.

**Please do not start / stop\*: Dexcom ONE sensors - 1 pack of 3 sensors**

 **Dexcom ONE transmitter – 1 pack of 1 transmitter**

Please see our local Dexcom ONE [FAQs document](https://www.hweclinicalguidance.nhs.uk/all-clinical-areas-documents/download?cid=1236&checksum=7bccfde7714a1ebadf06c5f4cea752c1) for further information.

Please also be aware that your patient may require increased quantities of blood glucose test strips and lancets.

Thank you for your help.

Yours sincerely

**Diabetes Specialist Team**