

# ® TRAINING RECEIPT

**TO:** ANIMAS CANADA CUSTOMER CARE (FAX: 1-866-406-4033)

**FROM:**

**DATE:**

**RE:** ANIMAS® INSULIN PUMP TRAINING FEE

*Please fax completed Pump Training Checklist forms with this invoice.*

**Animas® Insulin Pump Training Fee \$300.00 Cdn.**

Patient Name:

Date Range of Pump Training (dd/mm/yyyy):

Name of Pump Trainer:

Pump Trainer Signature: \_\_\_\_\_

**Please make cheque payable to:**

**Please forward cheque to:**

NAME:

INSTITUTION (if applicable):

STREET ADDRESS:

CITY:

PROV:

POSTAL CODE:

TEL: (        )

EMAIL:

Animas Canada will confirm receipt of your faxed documents by email. If you do not receive an email confirmation, please contact Animas Canada Customer Care (CustomerCare@Animas.ca / Tel: 1-866-406-4844)

**Fax or email completed form to:**

Animas Canada

Tel: 1-866-406-4844

Fax: 1-866-406-4033

Email: CustomerCare@Animas.ca