**Template** **flash glucose monitoring – switch from Freestyle Libre**® **to** **Freestyle Libre 2**®

Dear [*Insert GP name]*

*[Insert patient details]*

Following discussion with me, the above person with diabetes on insulin and currently using Freestyle Libre® is suitable to switch to use of Freestyle Libre 2®. I have provided instructions to them regarding its appropriate use. They have been informed to use any existing Freestyle Libre®sensors they have prior to starting Freestyle Libre 2®.

Please could you prescribe **Freestyle Libre 2**® **sensors** from now on in place of Freestyle Libre® sensors. Freestyle Libre® and Freestyle Libre 2® sensors and reader devices are not fully interchangeable.

I have arranged for the patient to receive a Freestyle Libre 2® reader device, or the patient is using the latest version of the FreeStyle LibreLink® App on their phone to allow its use with Freestyle Libre 2® sensors.

Please can I request that the repeat prescription record is updated as follows:

FREESTYLE LIBRE® 2

QUANTITY: 2 SENSORS / 28 DAYS (1 SENSOR LASTS 14 DAYS)

**Please ensure that the previous prescription of FreeStyle Libre**® **sensors is removed from the patient’s repeat record.**

Specialist signature…………………………………………………..Date………………