



**Diabetic Testing Supply Management Program**

**Please Fax to: 480-403-8213**

|                        |                    |
|------------------------|--------------------|
| <b>Member Name:</b>    | <b>DOB:</b>        |
| <b>Member Address:</b> | <b>Member Ph#:</b> |
| <b>PCP:</b>            | <b>ID#</b>         |
| <b>Diagnosis:</b>      | <b>ICD-10:</b>     |

|   |   |   |
|---|---|---|
| <b><u>Please Check One:</u></b><br><input type="checkbox"/> Insulin Dependent<br><input type="checkbox"/> Non-insulin Dependent | <b><u>Testing Frequency:</u></b><br><input type="checkbox"/> TID<br><input type="checkbox"/> BID<br><input type="checkbox"/> QD<br><input type="checkbox"/> Other _____ | <b><u>Please Check All That Apply:</u></b><br><input type="checkbox"/> GLUCOCARD Shine Glucometer<br><input type="checkbox"/> Test Strips<br><input type="checkbox"/> Lancets |
|---|---|---|

**Notes/Comments:**

|   |  |
|---|--|
|   |  |
|   |  |
|   |  |
| <b>If glucometer and supplies are dispensed in office, please indicate date here:</b> |  |

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Expires:** \_\_\_\_\_

For questions, please contact Arizona Priority Care at 480-336-7459