Arizona Priority Care™

One Goal. One Priority. Your Healthcare.

Diabetic Testing Supply Management Program

Please Fax to: 480-403-8213

Member Name:	**DOB:**
Member Address:	**Member Ph#:**
PCP:	**ID#**
Diagnosis:	**ICD-10:**

Please Check One:	**Testing Frequency:**	**Please Check All That Apply:**
☐ Insulin Dependent	☐ TID	☐ Glucometer
☐ Non-insulin Dependent	☐ BID	☐ Test Strips
	☐ QD	☐ Lancets
	☐ Other_____	

Notes/Comments:

If glucometer and supplies are dispensed in office, please indicate date here:	

Physician Signature: _____ Date: _____

Expires: _____

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