



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

If GLUCOCARCD glucometer is dispensed in office, please indicate date here:

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

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

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