



## Maricopa County Diabetes Management Program

**Employee Instructions:** Take this form with you to your next nutrition appointment. Ask the nutritionist or dietician to complete the date of the visit and sign this form. A dated receipt, also called a Superbill, is acceptable verification if it contains information showing the specific visit was completed.

Direct questions regarding completion of this form or the Diabetes Management Program to:

**Lindsey Grantham, Wellness Coordinator**

602-506-3758

[granthaml@mail.maricopa.gov](mailto:granthaml@mail.maricopa.gov)

Deliver the completed form to:

**Employee Health Initiatives Department**

Attention: Lindsey Grantham

301 W Jefferson St., Suite 201

Phoenix, AZ 85003

Or fax the form to (602) 506-1292

Requirement	Frequency	Date Completed	Name
Consultation with nutritionist or dietician	Annually		

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee ID

\_\_\_\_\_  
Consultant's Signature

\_\_\_\_\_  
Date