



Maricopa County Diabetes Management Program Medication Review

Employee Instructions: Take this form with you to your next medication review appointment. Ask the physician/pharmacist to complete the date of the visit and sign this form.

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

Employee Benefits

602-506-1010 (*press option 2 and option 2 again*)

BenefitsService@mail.maricopa.gov

Deliver the completed form to:

Employee Benefits

301 W. Jefferson St., Suite 3200

Phoenix, AZ 85003

Or fax the form to (602) 506-2354.

Do not fax forms one at a time. Please fax all forms together at one time.

Requirement	Annually	Date Completed	Name
Medication Review with physician or pharmacist			

Participant Name

Employee Name

Employee ID

Physician or Pharmacist's Signature

Date