

# Diabetes Control Program Gift Card Reward Certificate



## Employee Portion:

Name:	EIN:
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### **Appointment information:**

Dates: 1)	2)	3)	4)
Location:			
Pharmacist Name:			

## Pharmacist Portion:

I certify that the employee listed above has:

Please indicate:

- Attended all four appointments listed above and lowered his or her A1c level by 1% or more between the first and last appointment or started and finished the program with an A1c level under 7%.

OR

- Attended the 2 or 3 appointments listed above and lowered his or her A1c level by 1% or more between the first and last appointment or started and finished the program with an A1c level under 7%; and I do not currently recommend additional appointments.

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Pharmacist Signature

**Attention employee: Submit your completed certificate to:  
Pima County Employee Wellness**

**Fax: 724-8150**

**Inter-office Mail: 150 W. Congress, 5<sup>th</sup> Fl.**

Note: You must have registered for this program and be an active employee at time of completion.