



Diabetes Supply Request Form

Event Location: _____

Date supplies are needed: _____

Type of event: Screening Training Informational (circle one)

Is this a recurring event? _____

If so, approximately how many were screened at the last event? _____

Name of contact person: _____

Phone# of contact person: _____

Name of person supplies are to be mailed to : _____

Address of where supplies are to be sent :

Email address of contact person: _____

Supplies needed: #of lancets/size: _____

#of strip cartridges: _____

Give the information that would be helpful for the calendar on the website (diabetes awareness or retinopathy) or send a flyer if one is available.

Where:

Date:

Time:

Type of event:

Hosted by:

Contact:

Please email lionnormacallahan@yahoo.com Please do not place in envelopes containing the consent forms from trainings or screenings.