County of San Diego DMC-ODS QA Medication Monitoring Submission Form

ROUKAN	I NAME:									
DATE:			CONTRACT #:			DMC PROVIDER #:				
REPORT SUBMITTED BY:							PHONE:			
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Jul 1 – Sep 30			Oct 1 – Dec 31		Jan 1 – Mar 31			Apr 1 – Jun 30		
Due (Oct 15		Due Jan 15			Due Apr 15			Due Jul 15	
Committee Member:		r:	Discipline:			Committee Member:		r:	Discipline:	
Descript	ion of Act	ivities:								
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Email this form to: QIMatters.hhsa@sdcounty.ca.gov

Do not email Medication Monitoring Tools

Do not email McFloop Forms unless a McFloop has been disapproved.

This form may also be faxed to the QI Unit at 619-236-1953