



Blood Glucose Log

Please complete this form and fax it to us or bring it to your appointment.

Name: _____ Date of Birth _____ Phone (Home/Cell) _____

E-mail _____ Physician _____

Date										
Time of Day										
Blood Glucose										
Meal/Snack Insulin										
Correction Insulin										
Ketones (Small, Medium, Large)										
Activity										

Comments

Date										
Time of Day										
Blood Glucose										
Meal/Snack Insulin										
Correction Insulin										
Ketones (Small, Medium, Large)										
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Comments

Date										
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