

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)
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E-mail	Physician
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Basal (Long Acting) Insulin Regimen _____ **Bolus (Meal) Insulin** _____

Carbohydrate Insulin Ratio	Correction Factor	Target Range
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[illegible]

Comments: