LAUREL ENDOCRINE & Thyroid Specialists, PA

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BLOOD SUGAR TESTING LOG

PATIENT NAME: _____ PHONE: _____
PROVIDER NAME: _____
DIABETES MEDICATIONS: _____
LONG ACTING INSULIN: _____ CURRENT DOSE: _____
MEALTIME INSULIN: _____ CURRENT DOSE: _____

DAY	BREAKFAST		LUNCH		SUPPER		BEDTIME	COMMENTS
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER		