Midtown Endocrine Associates
2200 N. 3rd Street
Phoenix, AZ 85004
FAX: 602-258-9933

Name: _____
Date: _____
Phone: _____

CURRENT DIABETES PILLS: _____

(OCCASSIONALLY CHECK BLOOD SUGARS 2 HOURS AFTER THE START OF A MEAL)

PLEASE be sure to document your current Insulin dose

WEEK 1

DATE	BLOOD GLUCOSE **BEFORE BREAKFAST**	INSULIN/ MEDICATION	BLOOD GLUCOSE **BEFORE LUNCH**	INSULIN/ MEDICATION	BLOOD GLUCOSE **BEFORE DINNER**	INSULIN/ MEDICATION	BLOOD GLUCOSE **BEDTIME**	INSULIN/ MEDICATION

WEEK 2

	AM	**LUNCH**	**DINNER**	**BEDTIME**
CHANGE ORAL AGENTS TO:	_____	_____	_____	_____
CHANGE INSULIN TO:	_____	_____	_____	_____