Patient Name:_____ DOB:_____

Phone # (H):_____ Phone # (W):_____ Phone # (C):_____

Endocrinology Clinic Physician (circle one): Dr. Doedon Dr. Laedtke Dr. Leebaw Dr. Mattison Dr. Ruegemer

BLOOD GLUCOSE RECORD

			BLOOD GLUCOSE			BLOOD GLUCOSE			BLOOD GLUCOSE				
DATE:	Insulin	Night Time	Before Breakfast	After Breakfast	Insulin	Before Noon	After Noon	Insulin	Before Supper	After Supper	Insulin	Bed Time	Comments

Diabetes Medications: