

Blood Glucose Test Times

- Pre-meal and bedtime
- 3 hour after meal/insulin: _____
- Overnight @: _____

INTENSIVE RECORDS

- Record all carbohydrates
- Record all insulin doses meal and high coverage
- Reference activity levels in the notes area

NAME: _____

Fax or send to clinic: _____

Fax number: 651-220-6064

347 No. Smith Ave. St. Paul, MN 55102

DATE:																									
Hour	1am	2	3	4	5	6	7	8	9	10	11	12pm	1	2	3	4	5	6	7	8	9	10	11	12	
B/Sugar																									
Carbs																									
Meal B																									
High B																									
Lantus																									

Notes:

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