## **Patient Communication; Phone Encounters**

## INSULIN INJECTION / BLOOD SUGAR LOG

NorthEast Peds Endocrinology

Phone: (704) 782-6030 Fax: (704) 782-6032

Name:			DOB:	3 dusiness days 10 Parei	r repnes, or cal nt name:	n to spear	t to nurse ii t	irgent)
Number	to contact v	vith recommen	DOB:		(is this home, w	vork, or fa		
Date		Bkfst	Lunch	Din	Bed	MN	Other	Notes
	Time							
	BG/ket.							
	Carbs							
	Insulin							
Date		Bkfst	Lunch	Din	Bed	MN	Other	Notes
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	BG/ket.							
	Carbs							
	Insulin							
Date		Bkfst	Lunch	Din	Bed	MN	Other	Notes
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	Carbs							
	Insulin							
Date		Bkfst	Lunch	Din	Bed	MN	Other	Notes
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Date		Bkfst	Lunch	Din	Bed	MN	Other	Notes
	Time							
	BG/ket.							
	Carbs					_		

**Recommendations:** 

Insulin

MD Signature:	Date:
MD Signature:	Date: