



Blood Glucose Record

Phillip Challans, MD

Date: _____ Chart #: _____

Patient Name: _____

Date of Birth: _____ Phone: _____

Email Address: _____

BLOOD GLUCOSE GOALS:	
Fasting	_____
1 hour after meal	_____
2 hours after meal	_____
Before meal	_____

	Date	BREAKFAST		LUNCH		DINNER		Bed Time	Exercise Time	COMMENTS
		before	2 hrs after	before	2 hrs after	before	2 hrs after			
Blood Glucose										
Medication / Insulin Dose										
Blood Glucose										
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Blood Glucose										
Medication / Insulin Dose										

Nurse Fax:
316-858-2514

Physician Exchange:
316-262-6262
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