Sharmini Long MD Parker Endocrinology 303-649-3115 Fax 303-649-3116

BLOOD SUGAR LOG SHEET

Name:	_ D.O.B	Phone #: _	
Blood sugar goals:	Insulin Doses:		

DATE	BREA	AKFAST	LUI	NCH	SU	PPER	BEDTIME
		2 hours after		2 hours after		2 hours after	

		OVER→

DATE	BREAKFAST		LUNCH		SUPPER		BEDTIME	
	Before	2 hours after	Before	2 hours after	Before	2 hours after		
COMMENT]			

OMMENT	S:			