Blood Sugar Log- Please Bring This Form to All Doctor's Appointments

Non *(Name)*:_____ ID #: _____

Fòm pou Kontwole Nivo Sik nan San an *(Blood Sugar Log Goals)*
Avan Repa *(Before Meals)*: **90 - 130 mg/dL**
Dezèdtan Apre Repa *(Two Hours After Meals)*: **90 - 180 mg/dL**
Lè Dòmi *(Bedtime)*: **90 - 150 mg/dL**

Tanpri pote fòm sa a nan tout randevou kay doktè yo

Dat	**Avan Manje Maten**	**2 zèdtan Apre Manje Maten**	**Avan Manje Midi**	**2 zèdtan Apre Manje Midi**	**Avan Dine**	**2 zèdtan Apre Dine**	**Lè Dòmi:**
Date	*Before Breakfast*	*2 Hours After Breakfast*	*Before Lunch*	*2 hours After Lunch*	*Before Dinner*	*2 hours After Dinner*	*Bedtime*