

## A: Patient Information:

Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

## B: 30 Day Time Frame

Start Date 

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

End Date 

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

## C: Blood Glucose Log: Please Write Your Test Results In Each Block Per Day

*\*By completing this log, the patient or Authorized Representative certifies that the blood glucose testing information below is complete and accurate.*

Day 1 Results	Day 2 Results	Day 3 Results	Day 4 Results	Day 5 Results
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____
Day 6 Results	Day 7 Results	Day 8 Results	Day 9 Results	Day 10 Results
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____
Day 11 Results	Day 12 Results	Day 13 Results	Day 14 Results	Day 15 Results
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____
Day 16 Results	Day 17 Results	Day 18 Results	Day 19 Results	Day 20 Results
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____
Day 21 Results	Day 22 Results	Day 23 Results	Day 24 Results	Day 25 Results
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____
Day 26 Results	Day 27 Results	Day 28 Results	Day 29 Results	Day 30 Results
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____