

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Month Day	Dr. Nurse # ( )		Dr. Nurse # ( )												Fax#	Comments								
	12a	Time	12a	2a	3a	6a	7a	8a	9a	10a	11a	12p	1p	2p			3p	4p	5p	6p	7p	8p	9p	10p
		Blood Sugar																						
		Total Carbs																						
		Meal insulin																						
		High BS Insulin																						
		Lantus																						
		Ketones																						
		Time	12a	2a	3a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p	
		Blood Sugar																						
		Total Carbs																						
		Meal insulin																						
		High BS Insulin																						
		Lantus																						
		Ketones																						
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		Blood Sugar																						
		Total Carbs																						
		Meal insulin																						
		High BS Insulin																						
		Lantus																						
		Ketones																						

Correction Factor =  
 Carb ratio =  
 Breakfast =  
 Lunch =  
 Dinner =