

Blood Sugar Record 2

UHS Diabetes Center

Please check your blood sugar every morning on an empty stomach and 2 hours after **one** meal a day alternating the meal after which you check. Record your readings daily and bring this record to your visit with your provider or educator. You may also fax this record to 607-763-6677 or call in to your educator.

Patient Name:	
Date of Birth:	
Patient Phone Number:	

Educator:

Educator Phone:

BLOOD SUGARS

DATE	AM Fasting	2h after breakfast	2h after lunch	2 h after Supper	DATE	AM Fasting	2h after breakfast	2h after lunch	2 h after Supper

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