

Blood Sugar Record 4

UHS Diabetes Center

Please check your blood sugar before each meal and at bedtime or at any time you feel it's low or high. Record your readings daily and also document the type and amount of insulin you took. 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.

BLOOD SUGARS

Before Be

BLOOD SUGARS						INSULIN DOSES				
DATE	AM Fasting	Before Lunch	Before Supper	Bedtime	Other	Before breakfast	Before Lunch	Before Supper	Bedtime	
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