



Endocrinology at Shawnee Mission

AdventHealth Medical Group
Endocrinology at Shawnee Mission

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BLOOD GLUCOSE LOG

Name: _____ DOB: _____ Phone: _____

Please list all diabetes medicines, including insulin, you are currently taking. Include the dosage for each medicine.

Breakfast: _____ Dinner: _____

Lunch: _____ Bedtime: _____

GLUCOSE READINGS

Date	Before Breakfast	2 hours after	Before Lunch	2 hours after	Before Dinner	2 hours after	Bedtime	Comments

NOTES AND RECOMMENDATIONS: