

Nebraska Endocrinology Specialists
Blood Glucose Log

Patient Name _____
 Birth Date _____

Date	Breakfast		Lunch		P.M. Meal		Bedtime
	Before Meal Time _____	2 Hours After Time ____	Before Meal Time _____	2 Hours After Time ____	Before Meal Time_____	2 Hours After Time ____	
Blood Sugar							
Carb Grams							
Insulin Given							

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