

**BLOOD GLUCOSE MONITORING FOR ORAL THERAPY OR
SINGLE INSULIN INJECTION**

Name: _____

Date of Birth: _____

Date	BREAKFAST		LUNCH		SUPPER		BEDTIME		REMARKS
	TIME	BG	TIME	BG	TIME	BG	TIME	BG	

Fax: 720-282-2048
 We can only accept blood sugar logs by fax, not by email attachment.
 Please document all insulin doses in remarks column.
 Please list all diabetes medications and doses below: