

**Blood Glucose Log: Multiple Insulin Injections**

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Supplemental Insulin: \_\_\_\_\_  
1/2 dose at bedtime: \_\_\_\_\_

Date	3 AM		Pre-breakfast			Pre-lunch			Pre-Supper			Bedtime		Remarks
	BG	Sup	BG		Sup	BG		Sup	BG		Sup	BG	Sup	

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