Blood Glucose Log: Multiple Insulin Injections

Name:_____ Supplemental Insulin:_____

Date of Birth:_____ ½ 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: