



NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

### 14 Day Blood Glucose Log

Goal: Fasting 60-95, 1hr after meals <140

| Date | Fasting | 1hr after Breakfast | 1hr after Lunch | 1hr after Dinner | Comments |
|------|---------|---------------------|-----------------|------------------|----------|
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**Current Treatment:**

- Diet and exercise
- Glyburide dose: \_\_\_\_\_
- Metformin dose: \_\_\_\_\_
- Insulin: *see chart*

| Insulin Type | Dose |   |   |   |     |
|--------------|------|---|---|---|-----|
|              | AM   | B | L | D | Bed |
| Novolog      |      |   |   |   |     |
| Humalog      |      |   |   |   |     |
| Lantus       |      |   |   |   |     |
| Levemir      |      |   |   |   |     |

**Administrative Use Only**

I reviewed and interpreted the data provided to me herein.

- Changes to treatment plan: \_\_\_\_\_
- Provider signature: \_\_\_\_\_

Pt contacted on: \_\_\_\_\_ Notified by: \_\_\_\_\_ Refill sent: yes n/a