LiveNew Colorado Endocrinology
303-649-3115 Fax 303-649-3116

BLOOD SUGAR LOG SHEET

Name: _____ **D.O.B.** _____ **Phone #:** _____

Physician:_____ **Med/Insulin Doses:**_____

DATE	BREAKFAST	LUNCH	SUPPER	BEDTIME
	Before 2 hours after	Before 2 hours after	Before 2 hours after	

				OVER →

DATE	BREAKFAST	LUNCH	SUPPER	BEDTIME
	Before 2 hours after	Before 2 hours after	Before 2 hours after	

COMMENTS: