



# Blood Glucose Record

*Phillip Challans, MD*

Date: \_\_\_\_\_ Chart #: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

<b>BLOOD GLUCOSE GOALS:</b>	
Fasting	_____
1 hour after meal	_____
2 hours after meal	_____
Before meal	_____

	Date	BREAKFAST		LUNCH		DINNER		Bed Time	Exercise Time	COMMENTS
		before	2 hrs after	before	2 hrs after	before	2 hrs after			
Blood Glucose										
Medication / Insulin Dose										
Blood Glucose										
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Blood Glucose										
Medication / Insulin Dose										

Nurse Fax:  
316-858-2514

Physician Exchange:  
316-262-6262  
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