

## Blood Glucose Log

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

Day	Breakfast Before	Breakfast After	Lunch Before	Lunch After	Dinner Before	Dinner After	Bedtime
Sunday							
Monday							
Tuesday							
Wed							
Thursday							
Friday							
Saturday							
Sunday							

- After meal = check blood glucose about 2 hrs after the meal
- Always write the time/blood sugar in each box completed
- Be sure to **write your name** on form before sending in for review
- This log can be mailed or faxed. Please see your Appointment card for address and fax number.
- Bring logs with you to every office visit for review.