

Endocrine and Diabetes Associates, LLC

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GLUCOSE MONITORING SHEET

MONTH/YEAR: _____

PATIENT NAME: _____

GLUCOSE MEASUREMENT								INSULIN GIVEN				
DAY	PRE B	2H B	L	2H L	D	2H D	BED TIME	PRE B	PRE L	PRE D	BED TIME	BED TIME

B = Before Breakfast
L = Lunch
D = Dinner

2hB = 2 Hours After B
2hL = 2 Hours After L
2hD = 2 Hours After D