The Women's Health Group

DAILY BLOOD GLUCOSE LOG

Obstetrics & Gynecology

Name_____ Date of Birth____/____/_____
first middle last

Doctor_____

Month_____ Year_____

BLOOD SUGAR READING

Date:	Fasting	Breakfast		Lunch		Dinner		Middle of the Night*	Medications
		1 HR	2 HR	1 HR	2 HR	1 HR	2 HR		

Only first 2-3 days after initiating p.m. insulin

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