

Central Vermont Endocrinology

Fax: 802-371-4855

Tel: 802-225-3980

Name \_\_\_\_\_ DOB \_\_\_\_\_

Phone/Email or Fax Number \_\_\_\_\_

Date \_\_\_\_\_

**Blood Glucose Log**

Date	Insulin Dose					Blood Sugar						Notes(exercise, lows, lows, illness)
	Type Insulin	AM	Noon	PM	Bed time	Before Bkft	After Bkft	Before Lunch	After Lunch	Before Supper	After Supper	
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\*After Meals: 1-2 hours after you stop eating  
 Goals: Fasting: 70-130mg/dl, After meals: below 180mg/dl  
 Hypoglycemia: please contact us during office hours if you have bs below 55mg/dl more than once a week, or bs of below 50mg/dl