



## 7 Day Blood Glucose Record

### Fax to Diabetes Clinic (858) 966-6227

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

Faxed by: \_\_\_\_\_ Daytime phone #: (\_\_\_\_) \_\_\_\_\_

Date	AM Insulin Doses	Breakfast Blood Glucose	Lunchtime Insulin Doses	Lunch Blood Glucose	Pre- Dinner Insulin Doses	Dinner Blood Glucose	Bedtime Insulin Doses	Bedtime Blood Glucose	Comments

Additional Comments/ questions:

---



---



---