Virginia Endocrinology & Osteoporosis Center, Inc

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PATIENT NAME: _____

SUGAR READING FOR THE MONTH OF: _____

DATE	BREAKFAST				LUNCH				DINNER				BEDTIME		
	TIME	PRE-MEAL SUGAR	INSULIN	1 HOUR SUGAR	TIME	PRE-MEAL SUGAR	INSULIN	1 HOUR SUGAR	TIME	PRE-MEAL SUGAR	INSULIN	1 HOUR SUGAR	TIME	SUGAR	INSULIN
		< 95		< 130-140		< 95		< 130-140		< 95		<130-140			
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