Pediatric Endocrine Associates, P.C.
1100 Lake Hearn Drive, Suite 350
Atlanta, GA 30342
(404)-255-0015
FAX (404) 255-1142

GLUCOSE TESTING RECORDS

Name & DOB: _____

Best day telephone #: _____

Other FAX or contact #: _____

	BREAKFAST			**LUNCH**			**SUPPER**			**BEDTIME**			
DATE	before meal	insulin N / L Lantus	Humalog Novolog	2 h after meal	before meal	insulin Humalog Novolog	2 h after meal	before meal	insulin N / L	Humalog Novolog	2 h after meal	before snack	insulin N / L Lantus	Humalog Novolog	NOTES:

Supplement for high blood sugar (over _____):

(**BG** – 100) / _____ = extra units to take

Insulin : Carbohydrate ratio

breakfast = _____ lunch = ____ supper = _____ bed = ____

Notes: _____

_____

Pediatric Endocrine Associates, P.C.
1100 Lake Hearn Drive, Suite 350
Atlanta, GA 30342
(404)-255-0015
FAX (404) 255-1142

GLUCOSE TESTING RECORDS

Name & DOB: _____

Best day telephone #: _____

Other FAX or contact #: _____

	BREAKFAST			**LUNCH**			**SUPPER**			**BEDTIME**			
DATE	before meal	insulin N / L Lantus	Humalog Novolog	2 h after meal	before meal	insulin Humalog Novolog	2 h after meal	before meal	insulin N / L	Humalog Novolog	2 h after meal	before snack	insulin N / L Lantus	Humalog Novolog	NOTES:

Supplement for high blood sugar (over _____):

(**BG** – 100) / _____ = extra units to take

Insulin : Carbohydrate ratio

breakfast = _____ lunch = ____ supper = _____ bed = ____

Notes: _____

_____