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NAME	_
DOB	_

GLUCOSE LOG

INSULIN:	BREAKFAST	LUNCH	DINNER	BEDTIME
Lantus/basaglar/NPH				
Aspart/lispro				
ORAL MEDICATION:				

Date	Before Breakfast FASTING	2 hrs post BREAKFAST	2 hrs post LUNCH	2 hrs post DINNER	Comments if value checked is a 1 hr, please designate with