DIABETES™ Care Group

Fax # 939-9924

Name:	**Preferred Phone:**	**DOB:**
Email:	**Goal before meal:**	**80-120**
Medication:	**Goal 2 hours after meal:**	**<140 good < 160 ok >180 too high**

Date	Over night	Breakfast			Lunch			Dinner			Bedtime	Comments
		BEFORE	Insulin	2hr After	BEFORE	Insulin	2hr After	BEFORE	Insulin	2hr After		