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	BREAKFAST		LUNCH		DINNER		BEDTIME	COMMENTS
	BEFORE	2hr. After	BEFORE	2hr. After	BEFORE	2 hr. After		