NAME: _____ Phone Number: _____

DATE: _____ DAY: _____ E-Mail:_____

BG Readings																								
	12am	1am	2am	3am	4 am	5am	6am	7am	8am	9 am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm	9pm	10pm	11pm

Carb Insulin																								
High BG Insulin																								
Total Insulin																								

Breakfast			**Lunch**			**Supper**		
Time	**Food Description**	**Carbs**	**Time**	**Food Description**	**Carbs**	**Time**	**Food Description**	**Carbs**
Morning Snack			**Afternoon Snack**			**Evening Snack**		

Comments:_____

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