Wexner Medical Center

Wexner Medical Center at The Ohio State University
Division of Endocrinology, Diabetes & Metabolism

Blood Sugar Log Sheet

Patient Name:_____ **Date of Birth:** _____/_____/_____

Phone: _____ **(home)**
_____ **(cell)**

Doctor: _____

Date	Fasting AM /Breakfast		Lunch		Supper		Bedtime		Middle of Night	
	Blood Sugar	Insulin	Blood Sugar	Insulin	Blood Sugar	Insulin	Blood Sugar	Insulin	Blood Sugar	Insulin

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