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SELF MONITORING BLOOD GLUCOSE DIARY

Name	Date
	Phone #

Date	Before Breakfast	2-hrs After Breakfast	Before Lunch	2 hrs After Lunch	Before Dinner	2 Hrs After Dinner	Bedtime

Check BG before meals, bedtime OR 2 hours post-meals, or as recommended. Pls send your record every 2-3 wks.

Insulin

Diabetes Oral Medication

**We can not accommodate walk-in patients in our office.
If you are having low sugar of 30mg/dl and high of 400mg/dl persistently, that you can not manage, please have someone (or ambulance) take you to the ER or walk-in clinics for immediate treatment.**

