Leslie Taguba-Madrid

Phone (732) 736-1000 Fax (732) 736-8811

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	3:00 AM

Check random Blood Glucose before meals, bedtime OR 2 hours post-meals, or as recommended.
Please send your record every 2-3 weeks.

Insulin

Oral Medication

DR USE ONLY (Medication changes)