

**Children's Health<sup>SM</sup>  
Specialty Center Dallas  
Endocrinology Center**

2350 North Stemmons Freeway, Suite 4400  
Dallas, Texas 75207 214-456-5959

**Intensive Management  
Blood Glucose Log**

Name: _____	Cell Phone #: _____
Date of Birth: _____	Home #: _____
MR#: _____	School Fax #: _____
Doctor: _____	<b>Please send log via MYCHART or Fax: 214-456-5963</b>

Types of insulin: A=Apidra, H=Humalog, NV=Novolog, B=Basaglar, G=Lantus, T=Tresiba, dT=Levemir

Date: \_\_\_\_\_

	3 a.m.	Bkfst	2 hours after bkfst	Lunch	2 hours after lunch	Snack	Dinner	2 hours after dinner	Bedtime snack	2 hours after snack	Midnight
Time											
BG											
Carbs											
Insulin dose											
Ketone levels											
Comments:											

Date: \_\_\_\_\_

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