

Children's HealthSM Plano Endocrinology Center

7601 Preston Road
Plano, Texas 75024 469-303-2424

Intensive Management Blood Glucose Log

Name: _____

Date of Birth: _____

MR#: _____

Doctor: _____

Cell Phone #: _____

Home #: _____

School Fax #: _____

**Please send log via MYCHART
or Fax: 469-303-2406**

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:											

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