

Patient Name: _____ Patient Phone N (_____) _____ Email Address: _____

Deliver this Fax to: _____ Fax Number: _____

*Notes: Record Illness, Low Blood Sugar, Exercise, Large Meal, Emotional Stress, etc...
Target pre meal blood sugar _____ Target post meal blood sugar _____ Target A1c _____

| Exercise | | | | | | |
|----------|--|--|--|--|--|--|
| | | | | | | |