

Boulder Endocrinology, PLLC Blood Glucose Values

To: Christopher R. Fox, MD
Fax#: 303-586-5201

From: _____
Phone: _____

| Date _____ | Breakfast | | Lunch | | Dinner | | Bedtime | Notes |
|------------|-----------|-------|--------|-------|--------|-------|---------|-------|
| | Before | After | Before | After | Before | After | | |
| Glucose | | | | | | | | |
| Insulin | | | | | | | | |
| Carbs | | | | | | | | |

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|------------|--|--|--|--|--|--|--|--|
| Date _____ | | | | | | | | |
| Glucose | | | | | | | | |
| Insulin | | | | | | | | |
| Carbs | | | | | | | | |

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|------------|--|--|--|--|--|--|--|--|
| Date _____ | | | | | | | | |
| Glucose | | | | | | | | |
| Insulin | | | | | | | | |
| Carbs | | | | | | | | |

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|------------|--|--|--|--|--|--|--|--|
| Date _____ | | | | | | | | |
| Glucose | | | | | | | | |
| Insulin | | | | | | | | |
| Carbs | | | | | | | | |

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|------------|--|--|--|--|--|--|--|--|
| Date _____ | | | | | | | | |
| Glucose | | | | | | | | |
| Insulin | | | | | | | | |
| Carbs | | | | | | | | |

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|------------|--|--|--|--|--|--|--|--|
| Date _____ | | | | | | | | |
| Glucose | | | | | | | | |
| Insulin | | | | | | | | |
| Carbs | | | | | | | | |

| | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|
| Date _____ | | | | | | | | |
| Glucose | | | | | | | | |
| Insulin | | | | | | | | |
| Carbs | | | | | | | | |

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