**BLOOD GLUCOSE LOG**

E-mail logs every Monday to pwnutrition@texaschildrens.org   Subject:  Northwest

<table>
<thead>
<tr>
<th>Name:</th>
<th>Due Date:</th>
<th>MR Number/DOB:</th>
<th>Diagnosis:</th>
<th>Medication:</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Date</th>
<th>Medication (Time/Name/Amount)</th>
<th>Fasting (≤95 mg/dL)</th>
<th>2 Hours After 1st Meal (≤120 mg/dL)</th>
<th>Medication (Time/Name/Amount)</th>
<th>Before 2nd Meal</th>
<th>2 Hours After 2nd Meal (≤120 mg/dL)</th>
<th>Medication (Time/Name/Amount)</th>
<th>Before 3rd Meal</th>
<th>2 Hours After 3rd Meal (≤120 mg/dL)</th>
<th>Medication (Time/Name/Amount)</th>
<th>Comments</th>
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**For Office Use Only**

Medication adjustment: ________________________________________________
Physician Signature: ________________________________________________  Date: ________________