

**UTAH DIABETES CENTER**  
**BLOOD GLUCOSE FAX SHEET**  
 FAX: (801) 587-3930

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ LAST VISIT DATE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**INSULIN ABBREVIATIONS**

H = HUMALOG      NPH = NPH      N = NOVOLOG  
 L = LANTUS      LE = LEVEMIR

**PHYSICIAN**

DONALDSON       JOHNSON       MURRAY  
 FOSTER       LINDSAY       SIMARD

INSULIN DOSAGE									BLOOD GLUCOSE LEVELS								
DAY	DATE	AM	SNACK	LUNCH	SNACK	DINNER	BED	OTHER	12AM	3AM	BKFAST	POST	LUNCH	SNACK	DINNER	BED	OTHER
MON																	
TUE																	
WED																	
THU																	
FRI																	
SAT																	
SUN																	
DAY	DATE	AM	SNACK	LUNCH	SNACK	DINNER	BED	OTHER	12AM	3AM	BKFAST	POST	LUNCH	SNACK	DINNER	BED	OTHER
MON																	
TUE																	
WED																	
THU																	
FRI																	
SAT																	
SUN																	

CARBOHYDRATE RATIO: \_\_\_\_\_ BREAKFAST      \_\_\_\_\_ LUNCH      \_\_\_\_\_ DINNER      \_\_\_\_\_ SNACK  
 CORRECTION DOSE: \_\_\_\_\_ DAY      \_\_\_\_\_ NIGHT

**COMMENTS:**

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_