



Name of Patient:

SELF MONITORING OF BLOOD GLUCOSE (SMBG) : On INSULIN

Name of Insulin: _____

DATE	Before Breakfast/ Empty stomach	INSULIN DOSE	2hrs After Breakfast	Before Lunch	INSULIN DOSE	2hrs After Lunch	5PM	Before Dinner	INSULIN DOSE	2hrs After Dinner/ Bedtime	INSULIN DOSE

(enter in mg/dL)

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