Garner Internal Medicine Patient Home Monitoring Blood Pre Sugar Record

Please document your Blood Sugars for at least 2 weeks prior to your regularly scheduled appointment and bring this log with you for your chart.

Patient Name:

_____

DATE	TIME	**Fasting Blood Sugar Reading**	TIME	**Bedtime Blood Sugar Reading**
_____/_____/_____	_____**am**	_____	_____**pm**	_____
_____/_____/_____	_____**am**	_____	_____**pm**	_____
_____/_____/_____	_____**am**	_____	_____**pm**	_____
_____/_____/_____	_____**am**	_____	_____**pm**	_____
_____/_____/_____	_____**am**	_____	_____**pm**	_____
_____/_____/_____	_____**am**	_____	_____**pm**	_____
_____/_____/_____	_____**am**	_____	_____**pm**	_____
_____/_____/_____	_____**am**	_____	_____**pm**	_____
_____/_____/_____	_____**am**	_____	_____**pm**	_____
_____/_____/_____	_____**am**	_____	_____**pm**	_____
_____/_____/_____	_____**am**	_____	_____**pm**	_____
_____/_____/_____	_____**am**	_____	_____**pm**	_____
_____/_____/_____	_____**am**	_____	_____**pm**	_____
_____/_____/_____	_____**am**	_____	_____**pm**	_____