



EndoHealth
ENRICHING CHILDRENS LIVES

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GAYATHRI DEVINENI M.D.

GLUCOSE TESTING RECORD

Name & DOB: _____

Best day time #: _____

Other contact or fax #: _____

Breakfast				Lunch			Dinner			Bedtime		
Date	Before meal	Insulin Humalog Novolog Apidra Admelog	2 hr after meal	Before meal	Insulin Humalog Novolog Apidra Admelog	2 hr after meal	Before meal	Insulin Humalog Novolog Apidra Admelog	2 hr after meal	Before meal	Insulin Lantus Basaglar Levemir Tresiba	2 hr after meal

SUPPLEMENT FOR HIGH BLOOD SUGAR

(OVER _____):

(BG-100) / _____ = EXTRA UNITS TO TAKE

NOTES: _____

INSULIN: CARBOHYDRATE RATIO

BREAKFAST = _____

LUNCH = _____

DINNER = _____

BED = _____