NORTH ATLANTA ENDOCRINOLOGY & DIABETES, P.C.
758 OLD NORCROSS ROAD, SUITE 175
LAWRENCEVILLE, GA 30046
FAX #: 770-962-7868

Name: _____
Last Name First Name DOB

Phone:(H)_____ **(W)**_____

Blood Glucose Goal

Before Meal _____
2 Hours After Meal _____
Beadtime _____

Target Blood Sugar Range
_____ Before meals
_____ 2 hrs. After meals
_____ Bedtime

Insulin to Correct ↑ BS
HUMALOG / NOVOLOG / REGULAR
Before any meal, 1/2 dose at bedtime
Round to the nearest tenth of a unit
For BS>_____ : (BS - _____) / _____ =Units

Diabetes Pills	B	L	S	HS

Date	BG 3am	Breakfast		Lunch		Supper / Dinner		Bedtime	Night
		Before	Insulin	Before	Insulin	Before	Insulin		Insulin