Premier Health
Premier Physician Network

Bull Family Diabetes Center
400 Sugar Camp Circle, Suite 205
Oakwood, OH

(937) 395-3656
(937) 395-3657 Fax

NAME: _____ DOB: _____

BLOOD GLUCOSE LOG

Be sure to include your dose of insulin used in parenthesis next to the blood sugar. Example: 242 (18). Bring to every appointment.

DATE	BEFORE BREAKFAST blood glucose(units)	BEFORE LUNCH blood glucose(units)	BEFORE DINNER blood glucose(units)	BEDTIME blood glucose(units)