Prepared for Dr. Mona Morstein - 4657 S. Lakeshore Drive Ste. 1 Tempe AZ 85282

GLUCOGRAPH AND DIET DIARY

Patient Name: _____ Dates of Graph/Diary_____ Dr.'s Phone #: _____

Guidelines: Please record blood sugars and time sugars checked as prescribed with "after Meals" meaning 1.5 hours after eating.

Record Time & Glucose	Fasting	BREAKFAST	AFTER BRKFST	LUNCH	AFTER LUNCH	SUPPER	AFTER SUPPER	B4 exercise / AFTER	OTHER NOTES (symptons or time & type of exercise etc..)