4657 S. Lakeshore Dr. Ste #1 Tempe, AZ 85282 PH:480-284-8155/Fax: 866-823-2115

GLUCOGRAF

FULL RECORD FOR PATIENTS

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

Guidelines: **Record blood sugars at HIGH-LIGHTED TIMES. After a meal means 1.5 hours after eating. Record times, too. Also record Time, Length of Exercise and what one did.**

Record Time and glucose	Fasting	After Break-fast	Before Lunch	After Lunch	Before Supper	After Supper	Bedtime	Middle of the Night	Before Exercise	During Exercise	After Exercise
DAY 1											
DAY 2											
DAY 3											
DAY 4											
DAY 5											
DAY 6											
DAY 7											