

Patient Name:

Patient Phone:

DATES: _____ to _____

Endocrinology Associates, Inc.
Elena A. Christofides, MD
office (614)453-9999
fax (614)453-9998

	TIME:											
	12:00a	2:00a	4:00a	6:00a	8:00a	10:00a	12:00p	2:00p	4:00p	6:00p	8:00p	10:00p
Blood Glucose												
Carb												
Bolus												
Corr. Factor												
Basal												
Site Change												

EXERCISE & INFO. MISC.

MEALS:	BREAKFAST	SNACK	LUNCH	SNACK	DINNER	SNACK

	TIME:											
	12:00a	2:00a	4:00a	6:00a	8:00a	10:00a	12:00p	2:00p	4:00p	6:00p	8:00p	10:00p
Blood Glucose												
Carb												
Bolus												
Corr. Factor												
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Site Change												

EXERCISE & INFO. MISC. INFO.

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