Hendricks Endocrinology
BLOOD SUGAR LOG SHEET
Phone: (317) 745-7445
Fax: (317) 745-7449

Hendricks Regional Health

Patients Name_____ DOB_____
Phone Number_____

Please list your diabetes medications and doses: **Physician**_____

Insulin:	**Breakfast**	**Lunch**	**Dinner**	**Bedtime**
Humalog	_____	_____	_____	_____
Novolog	_____	_____	_____	_____
Lantus	_____	_____	_____	_____
Levemir	_____	_____	_____	_____
Apidra	_____	_____	_____	_____

Victoza _____
Byetta _____
Oral Medications _____

Date	Breakfast		Lunch		Dinner	Bedtime	