

**DIABETES EDUCATION CENTRE- BLOOD GLUCOSE FLOW SHEET**

DATE CALL RECEIVED:

NAME: J # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE:

DR: TYPE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| DATE | Before BRKF | INSULIN | Before LUNCH | INSULIN | Before SUPPER | INSULIN | Bedtime  | OVER-NIGHT |
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DR. NOTIFIED:

PLAN: