



**Main Line HealthCare**  
Physician Network

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Insulin Dosing Instructions:**

	Units		Units		Units
<b>Humalog</b>		<b>Lantus</b>		<b>Victoza</b>	
<b>Novolog</b>		<b>Levemir</b>			
<b>Humalin</b>		<b>Toujeo</b>			

**BLOOD GLUCOSE TRACKER**

Date:	Sunday __/__/__		Monday __/__/__		Tuesday __/__/__		Wednesday __/__/__		Thursday __/__/__		Friday __/__/__		Saturday __/__/__	
<b>Breakfast</b>	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After
<b>Blood Glucose</b>														
# Grams of Carbs														
Meal Insulin														
Correction Insulin														
Meal Choices														
<b>Lunch</b>	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After
<b>Blood Glucose</b>														
# Grams of Carbs														
Meal Insulin														
Correction Insulin														
Meal Choices														
<b>Dinner</b>	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After
<b>Blood Glucose</b>														
# Grams of Carbs														
Meal Insulin														
Correction Insulin														
Meal Choices														
<b>Bedtime</b>														
<b>Blood Glucose</b>														
Insulin														
Snack Choice														

**Instructions:** Enter date and record blood glucose levels as instructed. Please record amount of insulin taken for each meal. If a correction dose of insulin was taken please also record this information in the provided column. Please also indicate the number of carbohydrates for each meal and what you ate for breakfast, lunch, dinner and snack. Please fax completed log to **(484) 234-5001**.