

# Diabetes Fax Log

To: Dr. \_\_\_\_\_ From: \_\_\_\_\_  
 Office Fax: \_\_\_\_\_ Date: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Number of Pages: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Week of \_\_\_\_\_

Blood Sugar	Pre-Breakfast	After Breakfast	Pre-Lunch	After Lunch	Pre-Dinner	After Dinner	Bedtime	Night
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Insulin	Morning	Noon	Evening	Bedtime	Oral Agent(s)	Comments (illness, reactions, urine ketones, activities)
Monday Units/Type						
Tuesday Units/Type						
Wednesday Units/Type						
Thursday Units/Type						
Friday Units/Type						
Saturday Units/Type						
Sunday Units/Type						

