



# Glucose Log

Please complete the form below and bring to your next Dedication Health visit.

Patient's Full Name

Patient's Address

Date of first entry

<b>Week 1</b>	<b>Time</b>	<b>Result</b>	<b>Time</b>	<b>Result</b>	<b>Time</b>	<b>Result</b>	<b>Time</b>	<b>Result</b>	<b>Time</b>	<b>Result</b>
Example	8 am	118	11 am	141	2 pm	236	8 pm	135	10 pm	237
Day 1:										
Day 2:										
Day 3:										
Day 4:										
Day 5:										
Day 6:										
Day 7:										



<b>Week 2</b>	<b>Time</b>	<b>Result</b>	<b>Time</b>	<b>Result</b>	<b>Time</b>	<b>Result</b>	<b>Time</b>	<b>Result</b>	<b>Time</b>	<b>Result</b>
<b>Example</b>	<b>8 am</b>	<b>118</b>	<b>11 am</b>	<b>141</b>	<b>2 pm</b>	<b>236</b>	<b>8 pm</b>	<b>135</b>	<b>10 pm</b>	<b>237</b>
<b>Day 1:</b>										
<b>Day 2:</b>										
<b>Day 3:</b>										
<b>Day 4:</b>										
<b>Day 5:</b>										
<b>Day 6:</b>										
<b>Day 7:</b>										



<b>Week 3</b>	<b>Time</b>	<b>Result</b>	<b>Time</b>	<b>Result</b>	<b>Time</b>	<b>Result</b>	<b>Time</b>	<b>Result</b>	<b>Time</b>	<b>Result</b>
<b>Example</b>	<b>8 am</b>	<b>118</b>	<b>11 am</b>	<b>141</b>	<b>2 pm</b>	<b>236</b>	<b>8 pm</b>	<b>135</b>	<b>10 pm</b>	<b>237</b>
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<b>Day 4:</b>										
<b>Day 5:</b>										
<b>Day 6:</b>										
<b>Day 7:</b>										

<b>Week 4</b>	<b>Time</b>	<b>Result</b>	<b>Time</b>	<b>Result</b>	<b>Time</b>	<b>Result</b>	<b>Time</b>	<b>Result</b>	<b>Time</b>	<b>Result</b>
<b>Example</b>	<b>8 am</b>	<b>118</b>	<b>11 am</b>	<b>141</b>	<b>2 pm</b>	<b>236</b>	<b>8 pm</b>	<b>135</b>	<b>10 pm</b>	<b>237</b>
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