BLOOD GLUCOSE/INSULIN & INJECTED MEDICATION

PATIENT:	MR#:	PHYSICIAN:

AM INSULIN DOSAGE:	
PM INSULIN DOSAGE:	
SLIDING SCALE TYPE/DOSAGE:	
INJECTED MEDICATION (OTHER):	

DATE	TIME	MEDICATION	FBS	RBS	SITE	VITAL SIGNS	INITIALS

DATE FAXED TO MD:_____

SN SIGNATURE:_____ DATE:_____

SN SIGNATURE:_____ DATE:_____

SN SIGNATURE:_____ DATE:_____