The Diabetes Center
creating solutions for life

Sugar Log Sheet

Fax to 357-9770 **OR** email to sugars@TheDiabetesCenter.com **OR** drop off in the office in: _____

Date: _____

Name: _____ Contact Number: _____

*****REQUIRED: List all Diabetic Medicines you are currently taking*****
(include name of pill or insulin, dose and frequency)

1) _____ 4) _____

2) _____ 5) _____

3) _____ 6) _____

Date	Pre-Breakfast	Pre-Lunch	Pre-Dinner	Comments