MID-SOUTH
MATERNAL
FETAL
MEDICINE, P.C.

Accredited by AIUM for obstetrical ultrasound

Roy Bors-Koefoed, M.D.
Christy Smith, W.H.N.P., MSN
Shelia Thomas, F.N.P.

BLOOD SUGAR LOG

Name: _____ DOB: _____ Phone # _____

Due Date: _____ Insulin/Medication: _____

PLEASE RECORD BLOOD SUGARS IMMEDIATELY UPON WAKING IN THE MORNING BEFORE EATING OR DRINKING ANYTHING AND *1 HOUR* AFTER EACH MEAL DAILY

DATE	FASTING Sugar	Morning Insulin Reg: NPH:	AFTER Breakfast Sugar	BEFORE Lunch	AFTER Lunch	DINNER Insulin Reg:	BEFORE Dinner Sugar	AFTER Dinner Sugar	BEDTIME Insulin NPH:

FAX BLOOD SUGAR LOG WEEKLY TO SHELIA OR CHRISTY AT (901)682-2549 OR EMAIL THROUGH OUR WEBSITE AT WWW.MIDSOUTHMFM.COM.

IF YOUR BLOOD SUGARS ARE NORMAL AND THERE IS NO CHANGE IN YOUR MEDICATION, WE WILL NOT CALL. IF WE NEED TO MAKE A CHANGE IN YOUR THERAPY WE WILL NOTIFY YOU WITHIN 48 HOURS.

FASTING BLOOD SUGARS SHOULD BE AT OR BELOW 100, BEFORE MEALS SHOULD BE AT OR BELOW 120, AND 1 HOUR AFTER MEALS SHOULD BE AT OR BELOW 140.