

A: Patient Information:

Patient Name:

Patient Date of Birth:

B: 30 Day Time Frame

Start Date

___/___/___
MM DD YY

End Date

___/___/___
MM DD YY

C: Blood Glucose Log: Please Write Your Test Results In Each Block Per Day

**By completing this log, the patient or Authorized Representative certifies that the blood glucose testing information below is complete and accurate.*

Day 1 Results	Day 2 Results	Day 3 Results	Day 4 Results	Day 5 Results
_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Day 6 Results	Day 7 Results	Day 8 Results	Day 9 Results	Day 10 Results
_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Day 11 Results	Day 12 Results	Day 13 Results	Day 14 Results	Day 15 Results
_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Day 16 Results	Day 17 Results	Day 18 Results	Day 19 Results	Day 20 Results
_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Day 21 Results	Day 22 Results	Day 23 Results	Day 24 Results	Day 25 Results
_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Day 26 Results	Day 27 Results	Day 28 Results	Day 29 Results	Day 30 Results
_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____