Target Blood Sugar Range	Maximum

Supplemental REGULAR Insulin
Before any meal, 1/2 dose at bedtime
BS - 100

For BS≥ _____. = Units R

Diabetes Pills	B	L	S	HS

Name: _____

Phone: (H) _____ (W) _____

Date	3 AM		Pre - Breakfast				Pre - Lunch			Pre - Supper				Bedtime			Remarks
	BS	SUP	BS			SUP	BS		SUP	BS			SUP	BS		SUP	Exercise, Lows, Etc.