

DAILY FASTING BLOOD SUGAR LOG

Month/Year: _____

Patient Name: _____

ID/DOB: _____

Target Range: _____

Physician: _____

DATE

TIME

READING (MG/DL)

**NOTES (MEDICATION, SLEEP,
STRESS)**

DATE

TIME

READING (MG/DL)

**NOTES (MEDICATION, SLEEP,
STRESS)**

Confidential Medical Record | Template Example Only