NAME:												_	Sinai P	ediatric	Endoc	rinolog	y Assoc	iates F	AX 410	-601-88	359
NAME: Sinai Pediatric Endocrinology Ass DOB: CALL BACK NUMBER: Paral Param (12 and)																					
Basal Rates:	(12 am) Insulin:Carb Ratio(s): (12 am)															Sensitivity Factor(s): (12 am)					
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DATE	12 am			6 am	7 am	8 am	9 am	10 am	11 am	12 pm	1 pm	2 pm	3 pm	4 pm	5 pm	6 pm	7 pm	8 pm	9 pm	10 pm	11 pm
BLOOD GLUCOSE																·	·		·		
MEAL CARBS																					
INSULIN FOR MEAL																					
INSULIN FOR ↑BG																					
EXERCISE/ ACTIVITY																					
KETONES/ ILLNESS																					
COMMENTS																					
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DATE	12 am			6 am	7 am	8 am	9 am	10 am	11 am	12 pm	1 pm	2 pm	3 pm	4 pm	5 pm	6 pm	7 pm	8 pm	9 pm	10 pm	11 pm
BLOOD GLUCOSE																					
MEAL CARBS																					
INSULIN FOR MEAL																					
INSULIN FOR ↑BG																					
EXERCISE/ ACTIVITY																					
KETONES/ ILLNESS																					
COMMENTS																					

ADDITIONAL INSTRUCTIONS:

BE SURE TO COMPLETE THE ENTIRE TOP PORTION OF THE FORM ON THE FIRST PAGE.

PUT YOUR CHILD'S NAME ON EACH AND EVERY LOG SHEET PAGE.

THERE MUST BE A DATE ON EACH SECTION OF THE LOG SHEET AS WELL.