Blood Sugar Records
Pediatric Diabetes Resource Center – Children's Hospital of Illinois
Fax: 309-624-2481

Name:_____ I/C ratio_____ CF_____ Date:_____

	MN	1A	2	3	4	5	6	7	8	9	10	11	12	1P	2	3	4	5	6	7	8	9	10	11
Blood Sugar																								
Total Carbs																								
Meal Humalog																								
Correction Humalog/ Novolog																								
Total Humalog/ Novolog																								
Lantus																								
Activity																								

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