PATIENT INFORMATION Fax to: 509-342-3451

0	Diabetes	Data	Fax			ſ	Date: Respond by		Time: □Fax	Urger Phon		Routine E-mail	
To:				From	:				()	-		
_	Medication Name			AM Dose L			unch Dose Dinn		Dinner Dos	e	Bedtime Dose		
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3.													
		Breakfast			Lunch			Dinner			Bedtime Night		
	Before Glucose	Med Dose	After Glucose	Before Glucose	Med Dose	After Glucos		Med Dose		Glucose	Med Dose	Glucose	
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Recommendations: