

PATIENT INFORMATION  
Fax to: 509-342-3451

**Diabetes Data Fax**

Date:	Time:	<input type="checkbox"/> Urgent	<input type="checkbox"/> Routine
Respond by:	<input type="checkbox"/> Fax	<input type="checkbox"/> Phone	<input type="checkbox"/> E-mail

To: \_\_\_\_\_ From: \_\_\_\_\_ ( ) -

	Medication Name	AM Dose	Lunch Dose	Dinner Dose	Bedtime Dose
1.					
2.					
3.					

	Breakfast			Lunch			Dinner			Bedtime		Night
	Before Glucose	Med Dose	After Glucose	Before Glucose	Med Dose	After Glucose	Before Glucose	Med Dose	After Glucose	Glucose	Med Dose	Glucose
Date	Food/Notes			Food/Notes			Food/Notes			Food/Notes		
Date	Food/Notes			Food/Notes			Food/Notes			Food/Notes		
Date	Food/Notes			Food/Notes			Food/Notes			Food/Notes		
Date	Food/Notes			Food/Notes			Food/Notes			Food/Notes		
Date	Food/Notes			Food/Notes			Food/Notes			Food/Notes		
Date	Food/Notes			Food/Notes			Food/Notes			Food/Notes		
Date	Food/Notes			Food/Notes			Food/Notes			Food/Notes		

Recommendations: