

DOB:\_\_\_\_\_

Check glucose if feeling light-headed or dizzy. If < (less than) 70, have a snack.				
Retest after ½ hour and inform your doctor.				
Also notify your doctor if glucose is > (greater than) 200.				
Goal: Fasting < (less than) or = 90.	2hr after meal < (less than) or = 120			

Name:\_\_\_\_\_

Date	Fasting	2hr AFTER Breakfast	2hr AFTER Lunch	2hr AFTER Dinner