Southeastern Endocrine and Diabetes, P.C.
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BG Target Goal ________________ to ____________________ Doctor _______________________________________

Patient Name ____ Patient Work # ________________________________

Date of Birth ____ Patient Home # ________________________________

SUPPLEMENTAL FORMULA

If Blood Sugar is > or equal to _______mg/dL
Blood Sugar – 100 / ______ = ______ units of HL/NL/Reg

_______	mg	Glucophage	B	_______	L	_______	D	_______	HS	_______
_______	mg	Glucotrol XL	B	_______	L	_______	D	_______	HS	_______
_______	mg	Actos/Avandia	B	_______	L	_______	D	_______	HS	_______
_______	mg	Amaryl	B	_______	L	_______	D	_______	HS	_______
_______	mg	Prandin	B	_______	L	_______	D	_______	HS	_______
_______	mg	________________	B	_______	L	_______	D	_______	HS	_______

_____________ Unit Regular/Humalog/Novalog Insulin per _____________ grams of Carb Exchange (1 starch, 1 fruit, 1 milk, 3 veg, 3 meat)

	3 am	Pre-Breakfast				Pre-Lunch			Pre-Supper				Bedtime	
Date	BS	BG	N/L	R/Log	Supp	BG	R/Log	Supp	BG	N/L	R/Log	Supp	BG	N/L