

Patient Log Sheet



Name: _____
 iPro2 serial number: _____
 Meter brand: _____
 Meter ID: _____

First day: Take your first two blood glucose tests at : and : , and at least once more before midnight.

Throughout the study: Test your blood glucose at least **four** times a day, for example: before breakfast, lunch, dinner, and bedtime.

Last day: Test your blood glucose at least **three** times.

Return date: Please return devices with completed log sheet on / at : .

date	Time	BG	Meal (food/drink)	Carbs	Medication	Dosage	Activity	Duration	Other
S									
M									
T									
W									
T									
F									
S									

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S									
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T									
F									
S									