



CONTROLE DE DIABETES

***IMPORTANTE- manter jejum de 2 horas antes da verificação**

IDENTIFICAÇÃO DO PACIENTE

Nº Matrícula: 2029

Data Nascimento: 29/08/1977 RG:

Nome: NIVALDO FRANCISCO ALVES FILHO

CPF:

Endereço: SEM ENDEREÇO

Bairro: SEM ENDEREÇO

Cidade: ARAÇATUBA

CEP: 00001-001

MANHÃ

TARDE

NOITE

01 - Data ____/____/____	_____ mg/dL	_____ mg/dL	_____ mg/dL
02 - Data ____/____/____	_____ mg/dL	_____ mg/dL	_____ mg/dL
03 - Data ____/____/____	_____ mg/dL	_____ mg/dL	_____ mg/dL
04 - Data ____/____/____	_____ mg/dL	_____ mg/dL	_____ mg/dL
05 - Data ____/____/____	_____ mg/dL	_____ mg/dL	_____ mg/dL
06 - Data ____/____/____	_____ mg/dL	_____ mg/dL	_____ mg/dL
07 - Data ____/____/____	_____ mg/dL	_____ mg/dL	_____ mg/dL
08 - Data ____/____/____	_____ mg/dL	_____ mg/dL	_____ mg/dL
09 - Data ____/____/____	_____ mg/dL	_____ mg/dL	_____ mg/dL
10 - Data ____/____/____	_____ mg/dL	_____ mg/dL	_____ mg/dL
11 - Data ____/____/____	_____ mg/dL	_____ mg/dL	_____ mg/dL
12 - Data ____/____/____	_____ mg/dL	_____ mg/dL	_____ mg/dL
13 - Data ____/____/____	_____ mg/dL	_____ mg/dL	_____ mg/dL
14 - Data ____/____/____	_____ mg/dL	_____ mg/dL	_____ mg/dL
15 - Data ____/____/____	_____ mg/dL	_____ mg/dL	_____ mg/dL
16 - Data ____/____/____	_____ mg/dL	_____ mg/dL	_____ mg/dL
17 - Data ____/____/____	_____ mg/dL	_____ mg/dL	_____ mg/dL
18 - Data ____/____/____	_____ mg/dL	_____ mg/dL	_____ mg/dL
19 - Data ____/____/____	_____ mg/dL	_____ mg/dL	_____ mg/dL
20 - Data ____/____/____	_____ mg/dL	_____ mg/dL	_____ mg/dL
21 - Data ____/____/____	_____ mg/dL	_____ mg/dL	_____ mg/dL
22 - Data ____/____/____	_____ mg/dL	_____ mg/dL	_____ mg/dL
23 - Data ____/____/____	_____ mg/dL	_____ mg/dL	_____ mg/dL
24 - Data ____/____/____	_____ mg/dL	_____ mg/dL	_____ mg/dL
25 - Data ____/____/____	_____ mg/dL	_____ mg/dL	_____ mg/dL
26 - Data ____/____/____	_____ mg/dL	_____ mg/dL	_____ mg/dL
27 - Data ____/____/____	_____ mg/dL	_____ mg/dL	_____ mg/dL
28 - Data ____/____/____	_____ mg/dL	_____ mg/dL	_____ mg/dL
29 - Data ____/____/____	_____ mg/dL	_____ mg/dL	_____ mg/dL
30 - Data ____/____/____	_____ mg/dL	_____ mg/dL	_____ mg/dL

1º Verificação madrugada Data ____/____/____ horário 02:30 _____ mg/dl

2º Verificação madrugada Data ____/____/____ horário 02:30 _____ mg/dl

NIVALDO FRANCISCO ALVES FILHO
CRM 105526

PACIENTE NIVALDO FRANCISCO ALVES FILHO