SURESIGN®

Blood Glucose

MONITORING SYSTEM

SELF-TEST LOG BOOK

Log Book Date

From _____ To _____

Name

Address

Home Tel. Office Tel.

Doctor Tel.

Diabetes educator Tel.

Pharmacy Tel.

Insulin/Pills

In case of emergency contact

		Breakfast		Lunch		Dinner		Bedtime	
Date		Blood Glucose		Blood Glucose		Blood Glucose		Blood Glucose	Insulin
		Before	After	Before	After	Before	After		
	Mon.								
	Tue.								
	Wed.								
	Thr.								
	Fri.								
	Sat.								
	Sun.								

		Breakfast		Lunch		Dinner		Bedtime	
Date		Blood Glucose		Blood Glucose		Blood Glucose		Blood Glucose	Insulin
		Before	After	Before	After	Before	After		
	Mon.								
	Tue.								
	Wed.								
	Thr.								
	Fri.								
	Sat.								
	Sun.								

		Breakfast		Lunch		Dinner		Bedtime	
Date		Blood Glucose		Blood Glucose		Blood Glucose		Blood Glucose	Insulin
		Before	After	Before	After	Before	After		
	Mon.								
	Tue.								
	Wed.								
	Thr.								
	Fri.								
	Sat.								
	Sun.								

		Breakfast		Lunch		Dinner		Bedtime	
Date		Blood Glucose		Blood Glucose		Blood Glucose		Blood Glucose	Insulin
		Before	After	Before	After	Before	After		
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	Tue.								
	Wed.								
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	Tue.								
	Wed.								
	Thr.								
	Fri.								
	Sat.								
	Sun.								

SURESIGN®

www.suresigndiabetes.com

Customer care line:
0800 0430 318