Guthrie Clinic Diabetes Center

IMPORTANT: Give full name, phone and diabetes medication currently taking before giving blood sugar levels.

Call **570- 887-3373** to record your Blood Sugar levels on the answering machine dedicated for this purpose or **fax** this form to **570- 887-3035.** You will receive a return call within 24 hours with any changes in your medication. **Email: EndocrinologyNursingStaff@guthrie.org**

Name_____ **B#**_____**Date**_____

Phone _____**Work**_____

Provider_____ **Pharmacy**_____

Insulins

Key: **R- Regular** **N - NPH**
HL - Humalog **70/30 A or R mix**
75/25 **G- Glargine (lantus)**
A-Aspart(Novolog) **Ap- Apidra(Glulisine)**
D- Detemir (Levimir) **50/50 Humalog Mix**
U500 Regular

Key: **BB-Before Breakfast** **BS-Before Supper**
AB-After Breakfast **AS-After Supper**
BL-Before Lunch **BT-Bedtime**
AL-After Lunch

Oral Medications: Actos: _____ **Avandia:**_____ **Avandamet:** _____

Metformin/Glucophage/Fortamet:_____**Glyburide/Glynase/Glucotrol/Amaryl:**_____

Prandin/Starlix:_____ **Glucovance/Metaglip:**_____

Januvia/ Onglyza:_____ **Janumet:**_____ **Avandaryl:**_____

Other Injectables

Byetta:_____ **Symlin:** _____ **Victoza:**_____

Instructions:_____

	Insulin Dose				Blood Glucose Levels							
Date	BB	BL	BS	BT	3am	BB	AB	BL	AL	BS	AS	BT