Mertz MFM Center

PATIENT NAME _____ **WEEK OF** _____

	Fasting Blood Sugar	Med/ Insulin	Breakfast Blood Sugar	Med/ Insulin	Lunch Blood Sugar	Med/ Insulin	Dinner Blood Sugar	Med/ Insulin	Before Bed Blood Sugar	Med/ Insulin	COMMENTS
TARGETS		**95 or Less**		**120 or Less (2 Hours After Meal)**		**120 or Less (2 Hours After Meal)**		**120 or Less (2 Hours After Meal)**		**120 or Less (2 Hours After Meal)**	
MONDAY											
TUESDAY											
WEDNESDAY											
THURSDAY											
FRIDAY											
SATURDAY											
SUNDAY											