

## **BW Primary Care-Blood Sugar Journal**

ent Name:					Date of Birth:				
mportant to remember to test your blood sugar levels as directed by your practitioner and record l y. Bring this journal to each of your appointments. Call for an appointment as directed by your ctitioner, if your levels are running at inappropriate levels, or if you are experiencing any problems									
Date	Time	Type of Reading F= Fasting PP= 2 Hr. After Meal Other- Specify	Blood Sugar Level		Date	Time	Type of Reading F= Fasting PP= 2 Hr. After Meal Other- Specify	Blood Sugar Level	
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- ♦ Is it time for an office visit or blood work? If so, please call for an appointment at 410-552-5050.
- Do you need to refill your prescription? If so, have your pharmacy fax a refill order to our office.
- ♦ Have you had and ophthalmology exam in the last year? If not, please make an appointment.
- Don't forget your flu shot each year!