



The Endocrine Clinic, P.C.
Endocrinology and Diabetes of Adults and Children

MR # _____

BLOOD GLUCOSE READINGS REPORT

PATIENT: _____ DATE _____
LAST FIRST M.I.

DATE OF BIRTH: _____ MR #: _____
MONTH DAY YEAR

FAX # _____

PHONE NUMBER: Home _____ Work # _____

CURRENT DIABETES MEDICATION: _____

MEDICATION DOSAGE: _____

INSULIN PUMP RATES _____

WE WILL NOTIFY YOU OF OUR RECOMMENDATIONS BY MAIL OR BY FAX.

WHICH WOULD YOU PREFER? MAIL FAX FAX NUMBER, PLEASE: _____

	DATE	B/G READINGS				COMMENTS
		BFST	LUNCH	DINNER	SNACK	
1.						
2.						
3.						
4.						
5.						
6.						
7.						

COMMENTS / SUGGESTED CHANGES: _____

FOLLOW-UP RECOMMENDED IN: _____ BY: FAX MAIL NEXT SCHEDULED APPOINTMENT

INFORMATION RECEIVED BY: _____
NURSE

INFORMATION REVIEWED BY: _____
M.D.

PLEASE FAX OR MAIL THIS REPORT TO:
THE ENDOCRINE CLINIC, PC
5659 S. REX ROAD • MEMPHIS, TENNESSEE 38119
(901) 507-0365 (FAX)