VIRGINIA ENDOCRINOLOGY

Ben Phillips MD • Cynthia Ryan MD • Akta Mukherjee MD • Kristin Fabiato MD
Elizabeth Wallace MD • Anita Prakash MD • Samantha Hudson MD
Alexander Millis MD • Sarah Bearer MD • Laura Harris PA
Marsha Di Peppe FNP • Alejandra Lozada MD • Erin Myers PA

2384 Colony Crossing Place | Midlothian, VA 23112
3460 Mayland Court, Suite 100 | Henrico, VA 23233

(804) 423-3636 (tel) (804) 423-3637 (fax)
WWW.VIRGINIAENDO.COM

PATIENT NAME: _____ **SUGAR LOG FOR THE MONTH OF:** _____

DATE	PRE-BREAKFAST			PRE-LUNCH			PRE-DINNER			BEDTIME			OTHER
	TIME	SUGAR	INSULIN	TIME	SUGAR	INSULIN	TIME	SUGAR	INSULIN	TIME	SUGAR	INSULIN	STEPS
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3													
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