



**NAOMI BERRIE DIABETES CENTER**  
**GLUCOSE VALUES TELEPHONE/FAX REPORT**  
**TEL 212-851-5494 FAX 212-851-5493**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Tel # (home):** \_\_\_\_\_ **Tel # (work):** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

| Date | Before Breakfast | 2 hours After Breakfast | Before Lunch | 2 hours After Lunch | Before Dinner | 2 hours After Dinner | Bedtime | 3AM | Other Times | Insulin or Oral Medication | Comments |
|------|------------------|-------------------------|--------------|---------------------|---------------|----------------------|---------|-----|-------------|----------------------------|----------|
|      |                  |                         |              |                     |               |                      |         |     |             |                            |          |
|      |                  |                         |              |                     |               |                      |         |     |             |                            |          |
|      |                  |                         |              |                     |               |                      |         |     |             |                            |          |
|      |                  |                         |              |                     |               |                      |         |     |             |                            |          |
|      |                  |                         |              |                     |               |                      |         |     |             |                            |          |
|      |                  |                         |              |                     |               |                      |         |     |             |                            |          |
|      |                  |                         |              |                     |               |                      |         |     |             |                            |          |
|      |                  |                         |              |                     |               |                      |         |     |             |                            |          |

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MD/RN/RD Recommendations:** \_\_\_\_\_  
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