

**NAOMI BERRIE DIABETES CENTER**  
**INSULIN TELEPHONE/FAX REPORT**  
**TEL: (212) 851 – 5494**

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

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

**Best Contact #:** \_\_\_\_\_

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

	12a	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p	
Blood Glucose																									
Novolog/ Humalog																									
Lantus																									
Carb Ratio																									
Correction Factor																									
Exercise																									

Breakfast			Lunch			Dinner		
Time	Food	Amount (grams)	Time	Food	Amount (grams)	Time	Food	Amount (grams)

Morning Snack			Afternoon Snack			Evening Snack		
Time	Food	Amount (grams)	Time	Food	Amount (grams)	Time	Food	Amount (grams)

**\*\*Please list at least two (2) observations and suggested changes you want to discuss\*\***

	