TRIANGLE FAMILY MEDICINE

**Triangle Family Medicine, P.A.**
**5233 Sunset Lake Road**
**Holly Springs, NC 27540**
**Tel: 919.387.8885**

**Please document your Blood Sugars for at least 2 weeks prior to your regularly scheduled appointment and bring this log with you for your chart.**

**Patient Name:**

_____

| DATE | TIME | Fasting Blood Sugar Reading | TIME | Bedtime Blood Sugar Reading |
|---|---|---|---|---|
| ____/____/____ | ____am | _____ | ____pm | _____ |
| ____/____/____ | ____am | _____ | ____pm | _____ |
| ____/____/____ | ____am | _____ | ____pm | _____ |
| ____/____/____ | ____am | _____ | ____pm | _____ |
| ____/____/____ | ____am | _____ | ____pm | _____ |
| ____/____/____ | ____am | _____ | ____pm | _____ |
| ____/____/____ | ____am | _____ | ____pm | _____ |
| ____/____/____ | ____am | _____ | ____pm | _____ |
| ____/____/____ | ____am | _____ | ____pm | _____ |
| ____/____/____ | ____am | _____ | ____pm | _____ |
| ____/____/____ | ____am | _____ | ____pm | _____ |
| ____/____/____ | ____am | _____ | ____pm | _____ |
| ____/____/____ | ____am | _____ | ____pm | _____ |
| ____/____/____ | ____am | _____ | ____pm | _____ |