NAOMI BERRIE DIABETES CENTER
INSULIN TELEPHONE/FAX REPORT
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EMAIL: berriepeds@cumc.columbia.edu

Date:_____ Patient:_____
Tel # (Home) _____Tel # (work)_____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																								
Carbohydrate																								
Meal Bolus																								
Correction Bolus																								
Basal Rate																								
Exercise																								
Urine Ketones																								
Set Change																								

Food

Breakfast			Lunch			Dinner		
Time	Food	Amount	Time	Food	Amount	Time	Food	Amount

Morning Snack			Afternoon Snack			Evening Snack		