Ardmore Enterprises, Inc.

BLOOD GLUCOSE MONITORING

Name: _____

DATE	BLOOD SUGAR	CHECK STRIP	NORMAL RANGE TEST	INITIAL		DATE	BLOOD SUGAR	CHECK STRIP	NORMAL RANGE TEST	INITIAL

All above initials must be identified below

INITIALS	Print full name		INITIALS	Print full name

See other side to document contacting nurse if glucose is over _____.

Call nurse, and document response when glucose is over _____.

DATE NURSE'S REPLY