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Name: _____ Date of Birth: _____

<i>Date</i>	<i>Blood sugar Before Breakfast</i>	<i>Blood Sugar 4 hours Before Lunch</i>	<i>Blood Sugar 4 hours After Lunch</i>	<i>Blood Sugar 4 hours Before Dinner</i>

Keep a record of the Blood Sugar with this log we have provided you today and remember to bring it to the next visit so we can have a better idea of the severity of your. Please remember that the glucose level must remain below 130 mg/dl at all time if you want to have a good control of diabetes.