



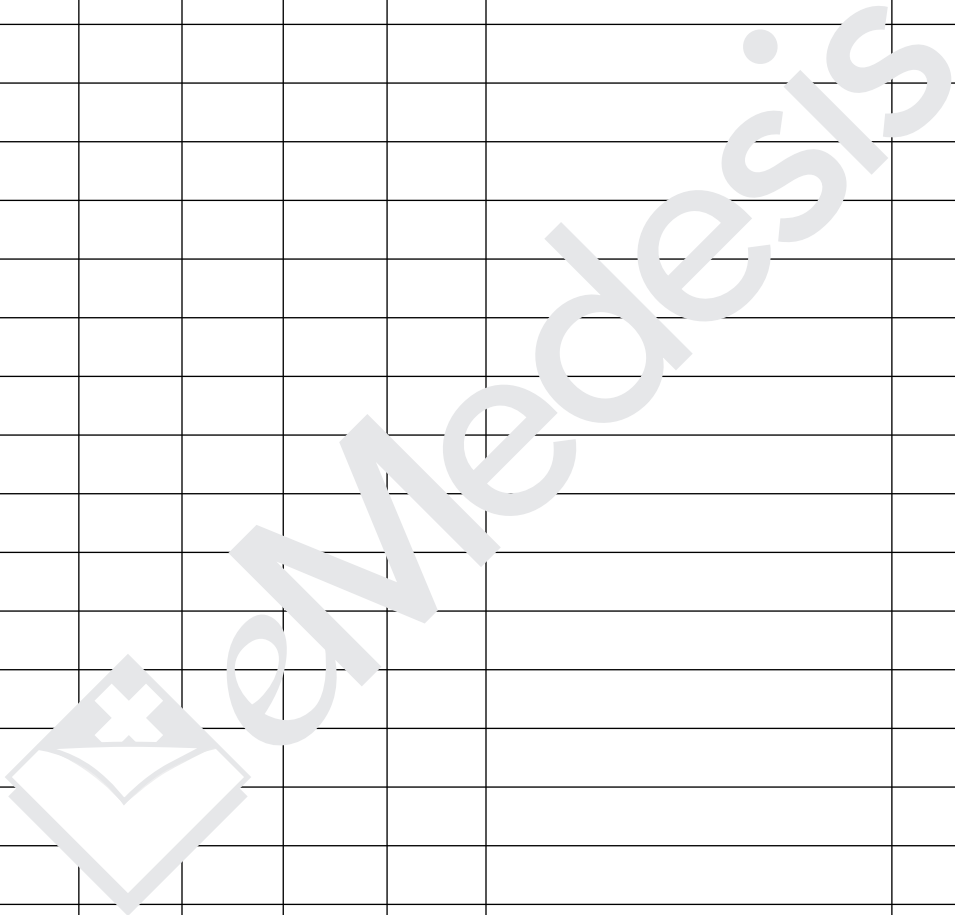
Company Name

BLOOD SUGAR / BP LOG

Date: _____ Time: _____

Patient: _____ ID#: _____

Time	Date	BS	BP	Pulse	Resp.	Temp.	Administration of Medication	Clinician's Name	Initials



COMMENTS:

