

Fax your injected insulin report to Jean Litton, RN CDE at 919-684-8613. Replies are ASAP within 3 business days.

Or email to peddiabetes@mc.duke.edu

Name: _____ Age: ___ Parent name: _____ Home Phone: _____ Work Phone _____
 Fax: _____ Date of diagnosis: ___ Weight _____ Insulin Brand/Type: _____ Pump brand /type _____

	Time	7 am		11 am		5pm		9 pm				Notes
Sun.	Glu./Ket.											
	insulin											
	Carbs											
Mon.	Glu./Ket.											
	insulin											
	Carbs											
Tues.	Glu./Ket.											
	insulin											
	Carbs											
Wed.	Glu./Ket.											
	insulin											
	Carbs											
Thurs.	Glu./Ket.											
	insulin											
	Carbs											
Fri.	Glu./Ket.											
	insulin											
	Carbs											
Sat.	Glu./Ket.											
	insulin											
	Carbs											

Advice/ Recommendations:

Signed: _____