CDSG Medical and Wellness, Inc.
PO Box 12734
New Bern, NC 28561
Phone (252) 633-2244 Fax (252) 633-4156

Blood Glucose Log Sheet

Patient Name: _____ Account#: _____
(First) (MI) (Last)

Thank you for choosing CDSG Medical and Wellness, Inc.!

Medicare requires that we collect a log with a minimum of 14 consecutive days of daily test results every six months. To assist in meeting this requirement, please use this log sheet. Once this form is complete, please sign and date at the bottom and return to CDSG Medical and Wellness. If you have any questions please do not hesitate to contact us at 1-800-575-2291. Thank you!

Month/Year: _____

Day	Date of Reading	1st Test	2nd Test	3rd Test	4th Test	5th Test	6th Test	7th Test	8th Test	9th Test	10th Test	11th Test	12th Test
SAMPLE	1/2/07	136	165	145	154	189	198	103	123	124	156	165	136
1													
2													
3													
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By signing below, I am certifying that the above blood glucose testing information is complete and accurate. I am also confirming that I have successfully completed training or am scheduled to begin training in the use of my glucose monitor and supplies. In addition, I am capable of using the test results to assure appropriate glycemic control.

Signature of patient or parent/guardian: _____ Date: _____