



Carolina Diabetic Supply Group, Inc.
PO Box 12734
New Bern, NC 28561
Phone (252) 633-2244 Fax (252) 633-4156

Blood Glucose Log Sheet

RE: Blood Glucose Log Sheet

Dear Valued Customer,

Thank you for allowing Carolina Diabetic Supply Group to be your supplier of blood glucose testing supplies. Due to the amount of times you are testing each day, 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, we have provided the enclosed log. A report downloaded from your glucose meter is also acceptable. Another option is to mail your daily log and we copy it and send it back to you.

Upon receiving your testing supplies, please complete the enclosed log; if you already have your testing supplies, you may scroll through your meter's memory and log previous consecutive results, or you may log results going forward for the next month. If you need assistance scrolling through your meter's memory, we recommend calling our office at 1-800-575-2291 or the toll-free number displayed on the back of your meter to reach a specialist who can help to walk you through the process.

Once you have completed the log, including signature and date at the bottom, please return it to Carolina Diabetic Supply Group in the enclosed postage paid envelope. It is important that you return your log as soon as possible so there is no disruption in your shipments.

Should you have any questions please do not hesitate to contact us at 1-800-575-2291. Thank you in advance for your assistance with this matter, and thank you for trusting us with your business.

Sincerely,

Carolina Diabetic Supply Group, Inc.

****Please fill in the log sheet according to the testing frequency prescribed by your doctor.****



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

Thank you for choosing Carolina Diabetic Supply Group, 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, we are providing this log. Once this form is complete, please sign and date at the bottom and return to Carolina Diabetic Supply Group in the enclosed postage paid envelope. If you have any questions please do not hesitate to contact us at 1-800-575-2291. Thank you!

Remember: Only test 9 X per day as prescribed by your doctor, _____.

Month/Year: _____

Day	Date of Reading	1 st Test	2 nd Test	3 rd Test	4 th Test	5 th Test	6 th Test	7 th Test	8 th Test	9 th Test
SAMPLE	1/2/07	136	165	145	158	123	154	170	165	123
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

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: _____