

Pediatric Endocrinology

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Name: _____ Date: _____ Phone: _____
 DOB: _____ Time: _____ Parent: _____
 Provider: _____

Date		BF		L		S		BED		NOTES

<p><u>Humalog/ Novolog</u> <u>Breakfast:</u></p> <p>One unit per _____ Grams</p> <p><u>Sliding scale:</u></p>	<p align="center"><u>Lunch</u></p> <p>One unit per _____ Grams</p> <p>Snacks: _____ Or N/A</p>	<p align="center"><u>Dinner</u></p> <p>One unit per _____ Grams</p>	<p align="center"><u>Bed</u></p>
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Plan:

Send readings again in _____ or PRN

School form sent: Y N n/a

MD Review:	Reviewed:	Parent verb. Understanding	Date
Time (min): 5 10 15 20			