



Customer.Care@4leafcloverdiabetics.com
 3280 Hwy 69 Ste 11 Hayesville NC 28904-6953

Name: _____

Download your copy of the logbook now on our website! www.4leafcloverdiabetics.com

Address: _____

Last 4 of SSN#: _____

BLOOD SUGAR LOGBOOK								MONTH:
DATE	Breakfast		Lunch		Dinner		Bed	YEAR:
	Before	After	Before	After	Before	After		
1								Comments:
2								
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27								
28								
29								
30								
31								
								AVERAGE

Per Medicare we are required to keep a log book /the doctor's records pertaining to your diabetes in your patient file. Please fill out log ACCORDING TO THE NUMBER OF TIMES YOUR DOCTOR HAS SPECIFIED FOR YOU TO TEST DAILY – if your testing is different than what the doctor has specified, CALL US... WE WILL HELP YOU!
 Mail or Fax to: 704-353-7879 or email it to: Customer.Care@4leafcloverdiabetics.com