# A1C Glucose Chart

# **Patient Information**

- Name:
- Date of Birth:
- Medical Record Number:
- Date of Visit:

# A1C Glucose Chart

### Time Frame for A1C Measurement:

Date of A1C Test	A1C Value (%)	Interpretation

### **Interpretation Guide**

# **Diabetes Management Plan**

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### **Patient Education**

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#### **Provider's Notes**