High Blood Sugar Levels Chart

Medical Institution Details

• Name:

• Address:

• Website:

• Phone Number:

Patient Information					
• Full Name:					
Date of Birth:					
• Gender:					
Patient ID:					
Contact Number:					
Email Address:					
Physician/Referring Doctor					
Name:					
Specialty:					
Contact Number:					
Blood Sugar Monitoring Period					
Start Date:					
End Date:					
Blood Sugar Readings					
J					
Date	Time	Blood Sugar Level	Notes (e.g., after		
		(mg/dL)	meal, before exercise)		

Interpretation Guide					
	#!\ 70 00/-!!				
Normal Range (Fas	<i>C,</i>				
Pre-diabetes (Fasting): 100-125 mg/dL					
Diabetes (Fasting): 126 mg/dL and above					
 Normal Range (2 hours after meals): Less than 140 mg/dL 					
High (2 hours after	meals): 140 mg/dL and	l above			
Comments/Notes					
Recommendations (if	any)				
Signature of Medical P	rofessional:				
Date:					
Signature of Patient: _					
Date:					

Note: This document is valid only with the signatures of the respective parties. Always discuss the results with a healthcare professional for a comprehensive understanding and next steps.