High Blood Sugar Levels Chart

Medical Institution Details Name: Address: Phone Number: Website: Patient Information Full Name: Date of Birth: Gender: Patient ID: Contact Number:

Physician/Referring Doctor

- Name:
- Specialty:
- Contact Number:

• Email Address:

Blood Sugar Monitoring Period

- Start Date:
- End Date:

Blood Sugar Readings

Date	Time	Blood Sugar Level (mg/dL)	Notes (e.g., after meal, before exercise)

Interpretation Guide			
Normal Range (Fast	ting): 70-99 mg/dL		
Pre-diabetes (Fasting	ng): 100-125 mg/dL		
• Diabetes (Fasting):	126 mg/dL and above		
Normal Range (2 ho	ours after meals): Less	than 140 mg/dL	
High (2 hours after	meals): 140 mg/dL and	l above	
Comments/Notes Recommendations (if a	any)		
Signature of Medical P			
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.