Name: **Date:** **CGMS® *iPro*™ SYSTEM PATIENT LOG**

Patient ID: _____ *iPro* Serial #: _____ Sensor Lot #: _____ Meter Type/Brand: _____

Meter SN #: _____

Date	Time	BG Value*	Meal (B - Breakfast / L - Lunch / D - Dinner / S - Snack)			Insulin / Medications	Exercise (L - Light / M - Moderate / I - Intense)		Other/Comments
			B / L / D / S	Type of Food	Carbs	Type / Dose	L / M / I	Duration	

From:PACIFIC ONCOLOGY 17604523344 09/10/2012 11:25 #451 P.001/001