

McLAREN FLINT
Flint, Michigan
PULMONARY REHABILITATION

Phone: (810) 342-5370 • Fax: (810) 733-6965

BLOOD SUGAR RECORD

Dr. _____,

Your patient, _____, is currently participating in Pulmonary Rehab.
The following blood glucose levels were measured during class.

Date	Pre-Exercise Blood Sugar	Post-Exercise Blood Sugar	Comments

Please check your recommendation below, sign and date, then fax to (810) 733-6965. If you have any questions please call us at (810) 342-5370.

Staff Member: _____

- No need to monitor BG levels further. No appointment necessary.
- No need to monitor BG levels further. Have patient make an appointment at my office.
- Continue to monitor BG levels for _____ more visits and send results to my office.
- Continue to monitor BG levels. Have patient make an appointment at my office.
- Other: _____

Physician Signature

Date



PT.
MR.#/RM.
DR.