



<b>Name of Medication</b>	<b>Number of Refills left on bottle of Medication</b>	<b>Dosage of Medication</b>	<b>List the number of tablets and how often you are <u>presently</u> taking the Medication</b>	<b>Reason for taking the Medication</b>	<b>Name of physician prescribing the Medication</b>

**Please let us know if you need refills on any of your diabetic supplies.**

<b>Name of Glucose Meter</b>	<b>Brand of Test Strips Needed</b>	<b>Size of Lancets Needed</b>	<b>Glucose Control Solution for your meter (yes or no)</b>	<b>Insulin Syringe (Needle length and gauge)</b>	<b>Insulin Pen Needles (Needle length and gauge)</b>

**PLEASE NOTE: IT IS IMPORTANT TO HAVE THE CORRECT DATE AND TIME SET ON YOUR METER.**

**Please see a member of our staff if you need assistance with these settings. Bring your glucose meter to every appointment. Or if you have a computer, please see us to obtain a free cable which will allow you to download your meter at home in preparation for your appointment. Good record keeping is essential to good health care.**

**THANK YOU VERY MUCH FOR ALL YOUR HELP!!**