

**INSULIN SUPPLEMENTAL COVERAGE**

INSULIN DOSE SCHEDULE FOR: \_\_\_\_\_

DATE: \_\_\_\_\_ CLINIC NUMBER: \_\_\_\_\_

**REGULAR/HUMALOG/NOVOLOG/APIDRA INSULIN:**

Your pre-meal regular / Humalog / Novolog / Apidra insulin doses are:

BLOOD GLUCOSE	BREAKFAST	LUNCH	DINNER	BEDTIME SNACK
Less than 70				

**INTERMEDIATE OR LONG-ACTING INSULIN (NPH / LENTE / ULTRALENTE / GLARGINE)**

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**ADJUSTMENTS IN THE REGULAR / HUMALOG / NOVOLOG / APIDRA INSULIN DOSE FOR EXERCISE**

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OTHER INSTRUCTIONS:

Signature \_\_\_\_\_

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PATIENT LABEL



**MR.JDCINSSCALE**