

My Blood Sugar Goal Card

Name

Date

Before

After*

Breakfast

Lunch

Dinner

Bedtime

3 A.M.

A1C goal

*After is measured 2 hours after the start of the meal.



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Medicare Part B patients: Call **1-877-231-5199** and mention reference code **ED06500** to order your diabetes testing supplies.
Web site: www.RxSolutions.com/diabetes

The information in this educational tool does not substitute for the medical advice, diagnosis or treatment of your physician. Always seek the help of your physician or qualified health provider for any questions you may have regarding a medical condition.

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