

MISCELLANEOUS	DIET			INSULIN <i>(Units)</i>	BLOOD		URINE		WT	DATE
	C	P	F		CAL.	SUGAR	CO ₂	DIACE-		
								TIC		
								AMOUNT SUGAR		

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)*

DIABETIC RECORD

For use of this form, see AR 40-400;
the proponent agency is Office of The Surgeon General

DATE	WT	URINE		SUGAR	BLOOD		INSULIN (Units)	DIET				MISCELLANEOUS		
		AMOUNT	SUGAR DIACE- TIC		CO ₂	SUGAR		C	P	F	CAL.			