Name: Date: CGMS® *i*Pro™ SYSTEM PATIENT LOG

Patient ID: ______________ *i*Pro Serial #: ______________ Sensor Lot #: __________ Meter Type/Brand: _________________

Meter SN #: _________________

Date	Time	BG Value*	Meal (**B** - Breakfast / **L** - Lunch / **D** - Dinner / **S** - Snack)			Insulin / Medications	Exercise (**L** - Light / **M** - Moderate / **I** - Intense)		Other/Comments
			B / L / D / S	Type of Food	Carbs	Type / Dose	**L / M / I**	Duration	