



HOSPITALS · RESEARCH · FOUNDATION

ACH UNIT #

ACH ACCOUNT #

FAX COVER SHEET FOR BLOOD SUGAR READINGS

TO: Arkansas Children's Team	FROM: Tims, Tamia L
FAX: (501) 364-6299	FAX:
PHONE: 1 (800) 495-1048 or (501) 364-1430	PHONE:
	# PAGES

Please complete ALL information below:

Patient name: _____ Date of Birth: _____

Diabetes Physician Name: _____

Insulin dosing:

Lantus/levemir: _____ units per day

Novolog/Humalog: _____ unit: _____ gms (for carbohydrates eaten)

1 unit: _____ mg/dl > _____ mg/dl (for correction of high blood sugar)
(Example: actual blood sugar minus _____ divided by _____)

Other insulin doses: _____

Phone numbers for return call **(PLEASE INCLUDE TWO NUMBERS):**

_(_____) _____ OR _____ (_____) _____

If you have not heard back from the ACH Diabetes Team within 24 hours of faxing, please contact our office during office hours to insure the fax was received.