PUMP RECORD **Name**:_____ **Phone #**_____

Date:_____ Time Person calling:_____Dr. Almazan / Dr. Breyer / Dr. Nicholson / Pfeifer

Carb:Insulin ratios			**Basal Rates**	**Correction Factor**	**Target(s)**
Breakfast	Lunch	Dinner			
AM snack	PM snack	HS snack			

Date:	MN	3a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p
BG																				
Carbs																				
Bolus																				
Correction																				
Ketones																				
Exercise																				
Site Change																				

Date:	MN	3a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p
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