

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)	DATE (YYYYMMDD)	WT	URINE				BLOOD			INSULIN (Units)	DIET				MISCELLANEOUS
			AMOUNT	SUGAR	DIACE- TIC		SUGAR	CO ₂			C	P	F	CAL.	

DIABETIC RECORD

For use of this form, see AR 40-66;
the proponent agency is the Office of The Surgeon General

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