Stanford Hospital and Clinics
Stanford University Medical Center

**Transplant Diabetes Program**
**(650) 498-4526**

| RESULTADOS DE LA PRUEBA DE AZUCAR EN SANGRE Y DOSIS DE INSULINA | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| DIA/FECHA | DESAYUNO | | ALMUERZO | | CENA | | HORA DE DORMIR | | COMENTARIOS: |
| | Valor de azucar en sangre | Insulina | Valor de azucar en sangre | Insulina | Valor de azucar en sangre | Insulina | Valor de azucar en sangre | Insulina | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |