

**PATIENT** 

Physician Name.

NAME:

## **United States Medical Supply**

Diabetic (	Glucose i	Log
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## **LOG BOOK INSTRUCTIONS:**

**Patient instructions:** provide completed log book to your physician and ask that it be included with your medical records. This will help support payment by your insurance in case your claim is reviewed.

**Physician instructions:** please sign, date and include with the patient's medical records.

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Signature Date

Physician Signature \_