ARAVIND EYE HOSPITAL

DIABETIC CHART

NAME _____

I.P. No. _____

R. No. _____

DATE ADMITTED _____

PRESENT TREATMENT

1. DIET ALONE _____

2. INSULIN _____
Type & Dosage

3. ORAL DRUGS _____

DATE	M	E	M	E	M	E	M	E	M	E	M	E
TIME												
Brick Red												
Orange												
Yellow												
Green												
Trace												
Nil												
Dose												