

Symlin/Byetta Therapy Management

Patient Information: Patient Name _____ Today's Date: _____

Type I/II Weight Mgmt Began Treatment On: _____

Contact me at: () _____ Home Work Cell () _____ Home Work Cell

Email: _____

Drugs:

	Drug	Dose	Time	Dose	Comments
Breakfast	Byetta. Symlin				
	Medications				
Lunch					
	Medications				
Dinner	Symin Byetta				
	Medications				
Bed Time					
	Medications				

Glucose:

Required Testing			Additional Testing Data		
When to test	Time	Result	Test Info	Time	Result
Before Breakfast					
After Breakfast					
Before Lunch					
After Lunch					
Before Dinner					
After Dinner					
Bedtime					
*10P – 5A					

*Capture this value only if you happen to wake up

Patient Notes: _____

Recommendations: _____
