**Insulina Lenta con control Estable**

| **Fecha** |  **Desayuno** |  **Comida** |  **Cena** |
| --- | --- | --- | --- |
| Antes | 2 horas después | Antes | 2 horas después | Antes | 2 horas después |
| **Lunes** | X |  |  |  |  |  |
| **Martes** |  |  |  |  |  |  |
| **Miércoles** |  | X |  |  |  |  |
| **Jueves** |  |  |  |  |  |  |
| **Viernes** |  |  | X |  |  |  |
| **Sábado** |  |  |  |  |  |  |
| **Domingo** |  |  |  |  |  | XX |
| **Perfil semanal** |  |  |  |  |  |  |