T1D packing LIST

			Typ	oli ositos			
	1	ı					
TESTING SUPPLIES	# OF DAYS	# NEEDED PER DAY	TOTAL #		# OF DAYS	# NEEDED PER DAY	TOTAL #
					· 		
INSULIN SUPPLIES	# OF DAYS	# NEEDED PER DAY	TOTAL #		# OF DAYS	# NEEDED PER DAY	TOTAL #
EMERGENCIES	# OF	# NEEDED	TOTAL		# OF	# NEEDED	TOTAL
EMERGENCIES	DAYS	PER DAY	#		DAYS	PER DAY	#
				 			
L				<u> </u>			
				<u> </u>			
OTHER	# OF DAYS	# NEEDED PER DAY	TOTAL #		# OF DAYS	# NEEDED PER DAY	TOTAL #
						1	
						1	
						1	