

# T1D *packing* LIST



TESTING SUPPLIES	# OF DAYS	# NEEDED PER DAY	TOTAL #		# OF DAYS	# NEEDED PER DAY	TOTAL #
<input type="checkbox"/>				<input type="checkbox"/>			
<input type="checkbox"/>				<input type="checkbox"/>			
<input type="checkbox"/>				<input type="checkbox"/>			
<input type="checkbox"/>				<input type="checkbox"/>			
<input type="checkbox"/>				<input type="checkbox"/>			
<input type="checkbox"/>				<input type="checkbox"/>			

INSULIN SUPPLIES	# OF DAYS	# NEEDED PER DAY	TOTAL #		# OF DAYS	# NEEDED PER DAY	TOTAL #
<input type="checkbox"/>				<input type="checkbox"/>			
<input type="checkbox"/>				<input type="checkbox"/>			
<input type="checkbox"/>				<input type="checkbox"/>			
<input type="checkbox"/>				<input type="checkbox"/>			
<input type="checkbox"/>				<input type="checkbox"/>			
<input type="checkbox"/>				<input type="checkbox"/>			

EMERGENCIES	# OF DAYS	# NEEDED PER DAY	TOTAL #		# OF DAYS	# NEEDED PER DAY	TOTAL #
<input type="checkbox"/>				<input type="checkbox"/>			
<input type="checkbox"/>				<input type="checkbox"/>			
<input type="checkbox"/>				<input type="checkbox"/>			
<input type="checkbox"/>				<input type="checkbox"/>			
<input type="checkbox"/>				<input type="checkbox"/>			

OTHER	# OF DAYS	# NEEDED PER DAY	TOTAL #		# OF DAYS	# NEEDED PER DAY	TOTAL #
<input type="checkbox"/>				<input type="checkbox"/>			
<input type="checkbox"/>				<input type="checkbox"/>			
<input type="checkbox"/>				<input type="checkbox"/>			
<input type="checkbox"/>				<input type="checkbox"/>			