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oday's date:atient Name:	
OB:	
urrent Diabetic Medication/ Dose:	-

## **BLOOD SUGAR LOG**

Day-	Blood	Blood	Blood	Blood	Blood
Date	Glucose Breakfast	Glucose Lunch	Glucose Dinner	Glucose Bedtime	Glucose Other
Sun			J.III.OI	Deatime	Otilei
Mon					
Tues					
Weds					
Thurs					
Fri					
Sat					
Sun					
Mon					
Tues					
Weds					
Thurs					
Fri					
Sat					
Sun					