Blood Glucose Testing Record

Name: _____

Date		Morning	Lunch time	Dinner	Bedtime	Physical Activity
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	and the second					
Date		Morning	Lunch time	Dinner	Bedtime	Physical Activity
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Date		Morning	Lunch time	Dinner	Bedtime	Physical Activity
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Date		Morning	Lunch time	Dinner	Bedtime	Physical Activity
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Date		Morning	Lunch time	Dinner	Bedtime	Physical Activity
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Date		Morning	Lunch time	Dinner	Bedtime	Physical Activity
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	2					
Date		Morning	Lunch time	Dinner	Bedtime	Physical Activity
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	2					

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