**BLOOD GLUCOSE MONITORING SHEET**

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| --- | --- | --- | --- | --- |
| **Patient Name:**    Last Name First Name Middle Name | | | | **Date of Birth: mm/dd/yy** |
| **Age** | **Sex** | **Bed No.** | **Attending Physician** | **Hospital Number:** |

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| --- | --- | --- | --- | --- | --- |
| **Frequency** | **Date** | **Time** | **Glucose Level** | **Remarks / Intervention** | **Signature** |
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