Blood Glucose Record

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Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Date** | **Breakfast** | | **Lunch** | | **Dinner** | | **Bedtime** | **Insulin** | | | |
|  | Before | 1 hr after | Before | 1 hr after | Before | 1 hr after |  | B | L | D | B |
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