Blood Glucose Log

Patient Name:_____

Finger Stick Blood Glucose										
Date	**Time**	**Breakfast** (7-10 a.m)		**Lunch** (11 a.m-3 p.m)		**Dinner** (4-8 p.m.)		**Before bed** (9p.m-12 a.m)		
		Before	**After**	**Before**	**After**	**Before**	**After**	**Before**	**After**	
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