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BLOOD SUGAR RECORD

Name: ___________________________ Date of Birth: _____________ Account No#_______________
Phone No#________________________

Date	Fasting	2 HOURS AFTER BREAKFAST	2 HOURS AFTER LUNCH	2 HOURS AFTER SUPPER

Name:		Account No#:		
Date	**Fasting**	**2 HOURS AFTER BREAKFAST**	**2 HOURS AFTER LUNCH**	**2 HOURS AFTER SUPPER**