

**Blood Glucose log** Name \_\_\_\_\_ DOB \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Date	Breakfast			Lunch			Dinner			Bedtime		Comments
	before	Insulin type/dose	after	before	Insulin type/dose	after	before	Insulin type/dose	after	Blood sugar	Insulin type/dose	
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