

BLOOD GLUCOSE TESTING LOG

Name: _____

DATE:		MORNING	LUNCH	DINNER	BEDTIME
MON.	Result				
	Insulin				
	Pre/Post Meal				
TUE.	Result				
	Insulin				
	Pre/Post Meal				
WED.	Result				
	Insulin				
	Pre/Post Meal				
THR.	Result				
	Insulin				
	Pre/Post Meal				
FRI.	Result				
	Insulin				
	Pre/Post Meal				
SAT.	Result				
	Insulin				
	Pre/Post Meal				
SUN.	Result				
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