

Name: _____

Phone: _____

Date of Birth: _____

Year	Breakfast				Lunch				Dinner				Bedtime		Comments
Month	Fasting Blood Sugar	Carbs	Insulin Dose	Blood Sugar After Meal	Blood Sugar Before Meal	Carb	Insulin Dose	Blood Sugar After Meal	Blood Sugar Before Meal	Carb	Insulin Dose	Blood Sugar After Meal	Blood Sugar Level	Insulin Dose	
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