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Patient Glucose and Insulin Record

Glucose Goals: Before meals start …….…… _____

_____ Hour(s) after meals start … _____

Patient Name: _____ Date: (Month and Year): _____

Basal Insulin: _____ _____ _____ _____

Day of the Month	Breakfast			Lunch			Dinner			Bedtime			Comments
	Before Meal Glu.	Bolus Insulin Dose	After Meal Glu.	Before Meal Glu.	Bolus Insulin Dose	After Meal Glu.	Before Meal Glu.	Bolus Insulin Dose	After Meal Glu.	Before Bed Glu.	Bolus Insulin Dose	3:00 am Glu.	
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