Virginia Endocrinology & Osteoporosis Center, Inc

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PATIENT NAME: _____ SUGAR READING FOR THE MONTH OF: _____

DATE	PRE-BREAKFAST			PRE-LUNCH			PRE-DINNER			BEDTIME			OTHER
	TIME	SUGAR	INSULIN	TIME	SUGAR	INSULIN	TIME	SUGAR	INSULIN	TIME	SUGAR	INSULIN	STEPS
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