**BLOOD SUGAR**

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| --- | --- |
| **Name:**  | [Full Name] |
| **Physician:**  | [Doctor Name] |
| **Prediction Frequency for monitoring:**  | [Number] |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Fasting** | **2 hours After breakfast** | **Just before lunch** | **2 hours After****Lunch** | **Just before Supper** | **2 hours After****Supper** | **Bed time** | **3.00 am** |
| [MM/DD/YYYY] |  |  |  |  |  |  |  |  |
| [MM/DD/YYYY] |  |  |  |  |  |  |  |  |
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| [MM/DD/YYYY] |  |  |  |  |  |  |  |  |