Daily Diabetes Record

Week of _____

DATE	BREAKFAST BG/Medications	LUNCH BG/Medications	DINNER BG/Medications	BEDTIME BG/Medications
Comments:				
Comments:				
Comments:				
Comments:				
Comments:				
Comments:				
Comments:				

NOTES:

Document Released: 11/21/2005 Document Re-Released: 10/15/2010
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