VIRGINIA ENDOCRINOLOGY

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**PATIENT NAME:** _____ **SUGAR LOG 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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