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
1													
2													
3													
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