



Premier Diabetes Care, PLLC

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Weekly Blood Glucose and Medication Log

Name: _____

Date of Birth: _____

Date		Breakfast Time _____	Lunch Time _____	Dinner Time _____	Bedtime Time _____	Note: Snack/illness/Low Sugar/Others
	Blood Sugar					
	Insulin/ Medicine					
Date		Breakfast Time _____	Lunch Time _____	Dinner Time _____	Bedtime Time _____	Note: Snack/illness/Low Sugar/Others
	Blood Sugar					
	Insulin/ Medicine					
Date		Breakfast Time _____	Lunch Time _____	Dinner Time _____	Bedtime Time _____	Note: Snack/illness/Low Sugar/Others
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