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**BLOOD GLUCOSE RECORD**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diabetes Doctor in charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IC No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diabetes Educator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Diabetes Treatment****Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Target of Control** |
|  |  **To check \_\_\_\_\_\_\_\_\_\_ days per week****Check \_\_\_\_\_\_\_\_\_\_\_\_ times per day****Pre meal/Bedtime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_mmol/L****2 Hours After Meal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_mmol/L** |

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| **Date** | **Breakfast** | **Lunch** | **Dinner** | **Bedtime** | **Remarks** |
|  | **Before**  | **2 Hours After**  | **Before**  | **2 Hours After**  | **Before**  | **2 Hours After**  |  **3 Hours** **After** |  |
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**Report blood glucose readings every \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, via**

**E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Voicemail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**