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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**