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## GLUCOSE FLOWSHEET

Name \_\_\_\_\_

Phone \_\_\_\_\_ DOB: \_\_\_\_\_

Diabetes Meds and Dosages:

Insulin Doses:

Date	Breakfast		Lunch		Dinner		Bedtime	Other
	Before	After	Before	After	Before	After		

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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