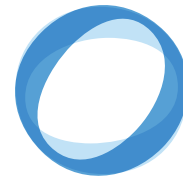


Patient Blood Sugar Log



FULL CIRCLE
ENDOCRINOLOGY

P 908 829 4244

F 908 382 3280

FullCircleEndo.com

Name _____

Date of Birth _____

Notes _____

Phone _____

Reminder: **Please bring your glucometer to every visit.**

Goals:	Fasting	2 hrs after meals	3 am
	80 - 110	< 140	> 90

Date	Fasting	2 hrs After	Before Lunch	2 hrs After	Before Dinner	2 hrs After	Bedtime	3 am
Mon								
Tue								
Wed								
Thurs								
Fri								
Sat								
Sun								

Mon								
Tue								
Wed								
Thurs								
Fri								
Sat								
Sun								

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