Name: NHS No:

Telephone: Surgery:

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| **Day/**  **date** | **Pre**  **Breakfast**  **Glucose level**  **Insulin Dose** | **Breakfast**  **Foods Eaten** | **Pre**  **Lunch**  **Glucose level**  **Insulin Dose** | **Lunch Food**  **Description: View DetailsEaten** | **Pre**  **Evening**  **Meal**  **Glucose Level**  **Insulin Dose** | **Evening Meal**  **Eaten**  **Description: View Details** | **2 hours after main meal**  **Glucose level**  **Insulin Dose** | **Bed**  **Time**  **Glucose** | **Special**  **Comments/**  **Exercise**  **Today** |
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