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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