STILLWATER
Diabetes & Endocrinology

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Name: _____ Date of Birth _____

Date	Breakfast			Lunch			Dinner			Bedtime		Notes
	Sugar		Insulin/ Carb	Sugar		Insulin/ Carb	Sugar		Insulin/ Carb	Sugar	Insulin/ Carb	
	Before	2 hours after	Dose/ Carb	Before	2 hours after	Dose/ Carb	Before	2 hours after	Dose/ Carb	Before	Dose/ Carb	