**Blood Glucose and Food Log**

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| Patient Name: Date of Birth: | | | | | | Patient Goals: | | | | |
| **Date** | **Fasting** | **2 Hours After Breakfast** | **Food/Activity Notes** | **Before Lunch** | **2 Hours After Lunch** | | **Food/Activity Notes** | **Before Dinner** | **2 Hours After Dinner or Before Bed** | **Food/Activity Notes** | |
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**Blood Glucose and Food Log**

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| Patient Name: Date of Birth: | | | | | Patient Goals: | | | | | |
| **Date** | **Fasting** | **2 Hours After Breakfast** | **Food/Activity Notes** | **Before Lunch** | | **2 Hours After Lunch** | **Food/Activity Notes** | **Before Dinner** | **2 Hours After Dinner/ Before Bed** | **Food/Activity Notes** | |
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