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PIEDMONT ENDOCRINOLOGY

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Name: _____
Date of Birth: _____

Blood Sugar Log

Day/Date	MN	1A	2A	3A	4A	5A	6A	7A	8A	9A	10A	11A	12N	1P	2P	3P	4P	5P	6P	7P	8P	9P	10P	11P
Blood Sugar																								
Grams Carb																								
Physical Activity (mins/hrs)																								

Breakfast	*Lunch*	*Supper*	*Snacks*

NOTES: (ketone tests, severe lows, etc)