Maternal-Fetal Medicine Associates of Maryland

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Please use this form to log your blood sugar results. You can record your results on this form, print it out and bring it to your next office visit or you can print out the form, record your levels yourself and bring it to your next office visit.

Patient : ________________

	Blood Sugar (Fasting) before breakfast		Blood Sugar 1hour after breakfast		Blood Sugar 1 hour after lunch		Blood Sugar 1 hour after dinner		
DATE	Time	Result	Time	Result	Time	Result	Time	Result	