CARITAS MEDICAL CENTER LLC

LEO O. OVADJE M.B.B.S.
TEWABE G. KEBEDE M.D.

WEEKLY DIABETES RECORD

Patient's Name_____

Date:	Breakfast	Snack	Lunch	Snack	Dinner	Snack	Bedtime	Night	Notes
Blood Sugar									
Insulin Dose									
Grams Carb									
Phys. Activity									

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