<moi< th=""><th>nth&gt;</th><th colspan="3">Blood Sugar Record</th><th><year></year></th></moi<>	nth>	Blood Sugar Record			<year></year>
Name:		<del>-</del>			Remarks:
Date	Before Breakfast	Before Lunch	Before Dinner	Bedtime	Insulin reaction, weight change, diet, meal times, illness, stress, activity, etc.
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Name:		Remarks:			
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