

Christian Family Medicine
Blood Sugar Chart
636-449-5757 (Phone) 636-449-5750 (Fax)

Provider: _____

Patient Name: _____

Patient DOB: _____

| <u>Date</u> | <u>Fasting</u> <u>AM</u> | <u>Before</u> <u>Meal</u> | <u>1hr After</u> <u>Meal</u> | <u>Reading</u> |
|-------------|-----------------------------|------------------------------|---------------------------------|----------------|
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Patient signature _____