PRINTER: Cut sheet on dotted line exactly (at 75)

Home blood glucose monitoring diary

	Blood Glucose level								Insulir	dasa		
Day of Month												Comments **
Month	Before BF	After BF	Before L	After L	Before EM	After EM	Before BT	BF	L	E	BT	
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Diabetes Detai	IIS	EDD							
Type of Diabetes	Retinal (as indicated	assessment)		Ultrasou	Ultrasound scans				
Туре І	Date	Left eye	Right eye	Results / Action	Туре	Date	Result		
					Booking				
Type 2					Anomaly				
Gestational					Cardiac				
Other								5	
Date of diagnosis	Special con	siderations							
Date of diagnosis									

Home blood glucose monitoring diary

D(Blood Glucose level							Insulin dose				
Day of Month	Before BF	After BF	Before L	After L	Before EM	After EM	Before BT	BF	L	E	ВТ	Comments **
	<u> </u>											

Name]
Unit No	