

BLOOD GLUCOSE TESTING RESULTS

Patient Name: _____

Bring this to your next office visit for your doctor to review and fax back to Binson's at 800-882-7071.

Start Date (month/day/year): _____

Day	1 st Test		2 nd Test		3 rd Test		4 th Test		5 th Test	
	Time	Blood Sugar	Time	Blood Sugar	Time	Blood Sugar	Time	Blood Sugar	Time	Blood Sugar
1										
2										
3										
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BLOOD GLUCOSE TESTING RESULTS

Day	6 th Test		7 th Test		8 th Test		9 th Test		10 th Test	
	Time	Blood Sugar	Time	Blood Sugar	Time	Blood Sugar	Time	Blood Sugar	Time	Blood Sugar
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