	Date	Date	Date
Breakfast			
Snack			
Lunch			
Snack			
Dinner			
Snack			
Exercise			
Notes			
	1. Fasting (right when you wake up):	2. List all food & beverage + amount in	3. One hour after the start of each meal:
	Take blood sugar reading.	the appropriate box.	Take blood sugar reading.
	Record reading in box at top left.		Record reading in box at bottom right.

## Sansum Clinic Food and Glucose Record

## Send via MyChart, or Fax to: 805-679-8308

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•		(right when you wake	e up):		I food & bev	erage + amo	ount in		our after th	e start of ea	ach meal: