

C.A.R.E.S. of OXFORD
256.835.0076

MY BLOOD SUGAR GOAL ___/___

Talk to your healthcare provider about what blood sugar goal is right for you and write it above.

DATE	TIME	BLOOD SUGAR	LAST MEAL	WEIGHT

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DATE	TIME	BLOOD SUGAR	LAST MEAL	WEIGHT

PLEASE BRING WITH YOU ON YOUR NEXT OFFICE VISIT.
THANKS!

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