ROCKLAND ENDOCRINE & DIABETES SERVICES, P.C.

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**Please circle your doctors name:**

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**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE:\_\_\_\_\_\_\_\_\_**

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| **DATE** | **BEFORE BREAKFAST** | **2HR AFTER BREAKFAST** | **BEFORE LUNCH** | **2HR AFTER LUNCH** | **BEFORE DINNER** | **2HR AFTER DINNER** | **BED TIME** | **INSULIN** | **NOTES** |
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