

Namn: Personnummer:

Blodsocker MMOL/L.

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| **Datum** | **Fastande****Kl.05-07** | **Före lunch****Kl. 11-12** | **Före middag****Kl. 15-16** | **Kväll****Kl. 19-20** | **Natt****Kl. 22-24** | **Övrigt** | **Kommentar** |
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**OBS! vid blodsocker <5 och >15 kontakta sjuksköterska**