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Name of patient:_____

	Name of Medication	Times/day
(Med 1)		
(Med 2)		
(Med 3)		

Month	Comments	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Med 1																															
	Med 2																															
	Med 3																															
	Fasting																															
	2hr after meal																															
	Random																															
	Med 1																															
	Med 2																															
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	Med 2																															
	Med 3																															
	Fasting																															
	2hr after meal																															
	Random																															

Notes: Put reading in the appropriate boxes, eg fasting 5.2, Post Prandial (2hr after meals) 8.4 etc.
Med taken: If you have to take it three times a day, then make three ticks, if twice then 2 ticks etc