



SUNY
DOWNSTATE
Medical Center
University Hospital of Brooklyn

DIABETIC RECORD

NAME
MR #
N.S.
SERVICE/DOCTOR
AFFIX LABEL OR COMPLETE

DATE					DATE				
TIME	FINGER STICK	URINE	TIME/TREATMENT	SIGNATURE	TIME	FINGER STICK	URINE	TIME/TREATMENT	SIGNATURE
COMMENTS					COMMENTS				

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