HIPERDIA

SAÚDE

PREFEITURA DE MURIAÉ

Controle de Glicemia

NOME: _____

PATOLOGIA: _____ TEL: _____

VEZES POR SEMANA: ( )2 ( )3 ( )TODO DIA

DATA	JEJUM	ANTES DO ALMOÇO	2 HORAS DEPOIS DO ALMOÇO	2 HORAS DEPOIS DO JANTAR
	mg/dl	mg/dl	mg/dl	mg/dl
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	mg/dl	mg/dl	mg/dl	mg/dl
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Endereço: Rua Dr. Ivan A. Porcaro, S/nº-Centro

Muriaé-MG (32) Tel: 3721-5223

HIPERDIA

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Controle de Glicemia

NOME: _____

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VEZES POR SEMANA: ( )2 ( )3 ( )TODO DIA

DATA	JEJUM	ANTES DO ALMOÇO	2 HORAS DEPOIS DO ALMOÇO	2 HORAS DEPOIS DO JANTAR
	mg/dl	mg/dl	mg/dl	mg/dl
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