

BLOOD/URINE/SUGAR CHART

| Hospital Name | | | | | District | |
|------------------------|--------|---|---|---|------------------|--|
| Patient's Name: | | | | | MRD No./UHID No. | |
| Age: | Gender | Μ | F | 0 | Ward No. | |
| Date of Admission | | | | | Bed No. | |
| Provisional Diagnosis: | | | | | | |

| Date | Time | Blood/Urine/Sugar Reading | Insulin | Name & Signature |
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