



NJPA

New Jersey Perinatal Associates  
Compassionate Care. Clinical Excellence.

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Patient Name: \_\_\_\_\_

**Please call or fax blood sugars on Mondays  
and Thursdays between 9 AM – 5 PM**

Patient Phone: \_\_\_\_\_

**>>>>Patient name must be included<<<<**

DATE	FASTING	2 HRS AFTER BREAKFAST	2 HRS AFTER LUNCH	2 HRS AFTER DINNER	Medication DOSES	COMMENTS
____ / ____						
____ / ____						
____ / ____						

**>>>Please ensure name is noted above<<< Fax (973-322-2309) your blood sugars or call (973-322-5287 option 3)**

____ / ____						
____ / ____						
____ / ____						
____ / ____						

**>>>Please ensure name is noted above<<< Fax (973-322-2309) your blood sugars or call (973-322-5287 option 3)**