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<th>Patient's Name</th>
<th>Month(s)</th>
<th>Year</th>
<th>Last 12 Cycles: Shortest</th>
<th>Longest</th>
<th>This Cycle's Length</th>
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<td><strong>Cycle Day</strong></td>
<td>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 32 33 34 35 36 37 38 39 40 41 42 43 44 45</td>
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<td><strong>Date</strong></td>
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<td><strong>Day of Week</strong></td>
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<td><strong>Intercourse</strong></td>
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<td><strong>Time Temp Taken</strong></td>
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<tr>
<td><strong>Cervical Fluid</strong></td>
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