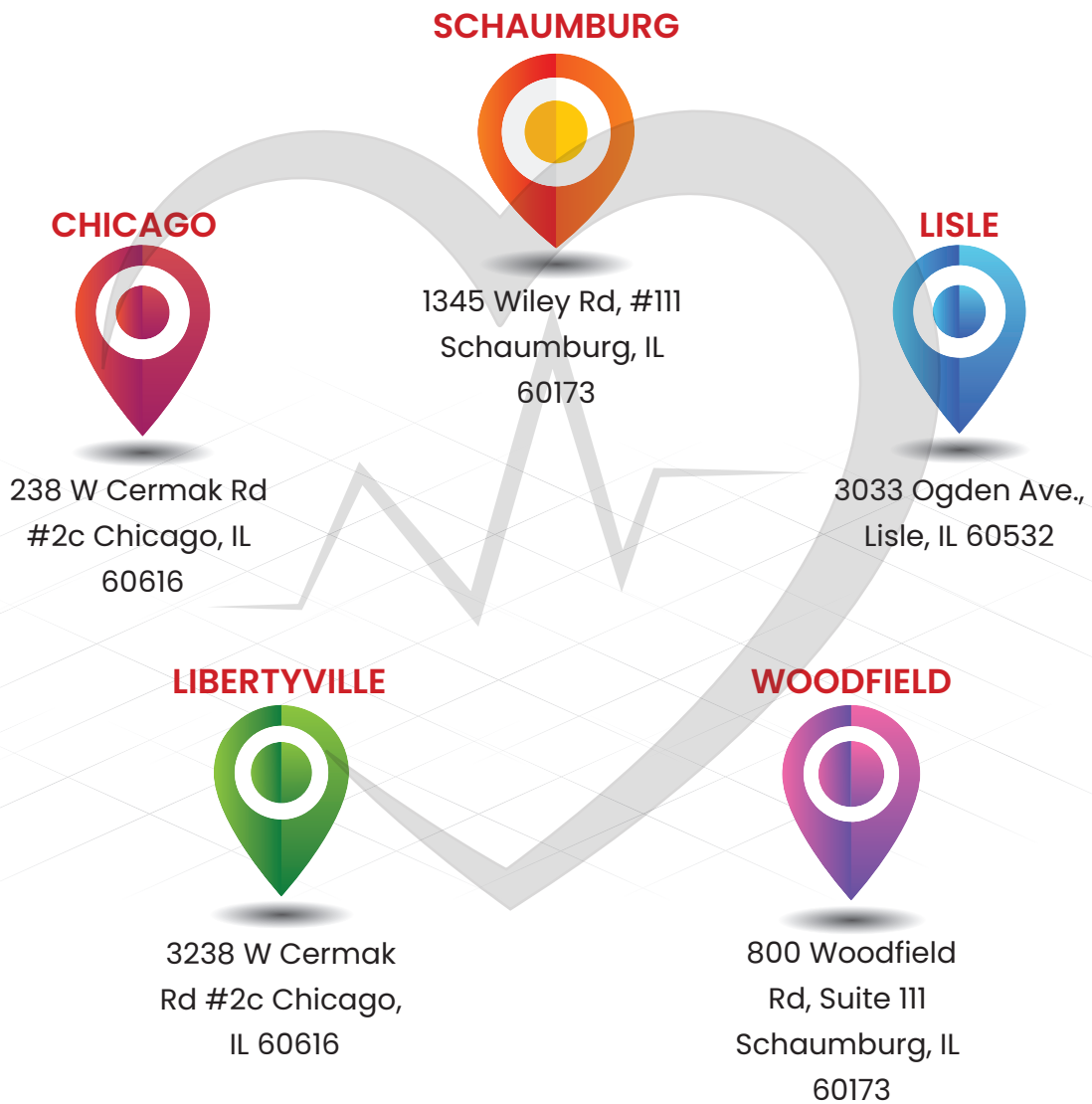


Patient Name: _____ DOB: _____

My Blood Pressure Log				
Date	Time	Blood Pressure	Heart Rate	Comments
	AM/PM	/		
	AM/PM	/		
	AM/PM	/		
	AM/PM	/		
	AM/PM	/		
	AM/PM	/		
	AM/PM	/		
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OUR LOCATIONS



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