<b>BLOOD PRESSURE LOG FOR:</b>	

DATE	TIME	ВР	PULSE	COMMENTS (Activities, symptoms, change in medication, etc.)
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Please bring to your nex	at appointment <u>or</u> return to us l	here at <i>Your Family Me</i>	edical H	ome:
by mail:	9179 Grissom Road, Suite 10	1, San Antonio, Texas	78251	<u>OR</u>
by fax::	(210)-680-3133			
Monitor Name and Moo	lel:	A/C or D/C adapter:	Y N	