BLOOD PRESSURE LOG

Patient Name:		DOB:	DOB:			
Please fill in the blank Fax to Cartersvil	blood pressure log with le Family Medicine at 7%	the date, time, blood pressure reading 70-386-0212 or bring to your next app	and pulse rate. ointment.			
	Month: Year:					
<u>Date</u>	<u>Time</u>	Blood Pressure	Pulse Rate			