Name/*Paciente*:

***Before you begin*:**
Take your reading at the same time(s) each day.
Share your results with your healthcare professional as part of your overall healthcare regime.

For information regarding how to apply your cuff or take your measurement, consult the included Instruction Manual or call our Customer Care Help Line at 866-326-1313.

Date/Time *Fecha/Hora*	**Results** *Resultados*	**Pulse** *Pulso*	**Comments** *Comentarios*	**Date/Time** *Fecha/Hora*	**Results** *Resultados*	**Pulse** *Pulso*	**Comments** *Comentarios*
2-28 10:00 AM	120/80	66 BPM	Just ate		/		
	/				/		
	/				/		
	/				/		
	/				/		
	/				/		
	/				/		
	/				/		
	/				/		
	/				/		
	/				/		
	/				/		
	/				/		

#93-7001 04/10

BLOOD PRESSURE LOG / REGISTRO DE PRESIÓN ARTERIAL

Name/*Paciente*:

***Before you begin*:**
Take your reading at the same time(s) each day.
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Date/Time *Fecha/Hora*	**Results** *Resultados*	**Pulse** *Pulso*	**Comments** *Comentarios*	**Date/Time** *Fecha/Hora*	**Results** *Resultados*	**Pulse** *Pulso*	**Comments** *Comentarios*
2-28 10:00 AM	120/80	66 BPM	Just ate		/		
	/				/		
	/				/		
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#93-7001 04/10

BLOOD PRESSURE LOG / REGISTRO DE PRESIÓN ARTERIAL