

A Lexington Medical Center Physician Practice

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SpringValleyFamilyPractice.com



Blood Pressure Log

My blood pressure goal is:_____

Date	Time	Systolic (Top Number)	Dystolic (Bottom Number)	Comments
	□ a.m. □ p.m.			
	□ a.m. □ p.m.			
	□ a.m. □ p.m.			
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	□ a.m. □ p.m.			