Blue Ridge Family Physicians, PLLC

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Home Blood Pressure Log

Name _____ Date of Birth _____ Chart # _____
(office use)

Provider _____ Target Blood Pressure _____

Date	Time (a.m.)	Blood Pressure	Time (p.m.)	Blood Pressure	Comments
Sample: *8/6*	*8:15*	*137/87*	*6:20*	*142/92*	*Stressful day at work*

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