

Patient Name \_\_\_\_\_

Reading Start Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

BLOOD PRESSURE READINGS								
	LEFT ARM				RIGHT ARM			
START DATE	TIME	SYSTOLIC	DIASTOLIC	PULSE	TIME	SYSTOLIC	DIASTOLIC	PULSE
1								
2								
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Take your readings at rest; have arm at heart level.



22 Main Street  
Salem, NH 03079  
Tele: 603 -893-7905  
Fax: 603- 898-6106