North Georgia Kidney Specialists

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Patient Blood Pressure Log

Reading #	Date	Time	Systolic Reading	Diastolic Reading	Pulse
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					

Patient's Name: From: To:

Doctor's Name: Phone:

Current Medications: