Triangle Family Medicine, P.A.
5233 Sunset Lake Road
Holly Springs, NC 27540
Tel: 919.387.8885

Please document your blood pressures at least 2 weeks prior to your regularly scheduled appointment and bring with you for your chart.

Patient Name:

_____

DATE	TIME	blood pressure reading	TIME	blood pressure reading
____/____/____	_____am	_____/_____	_____pm	_____/_____
____/____/____	_____am	_____/_____	_____pm	_____/_____
____/____/____	_____am	_____/_____	_____pm	_____/_____
____/____/____	_____am	_____/_____	_____pm	_____/_____
____/____/____	_____am	_____/_____	_____pm	_____/_____
____/____/____	_____am	_____/_____	_____pm	_____/_____
____/____/____	_____am	_____/_____	_____pm	_____/_____
____/____/____	_____am	_____/_____	_____pm	_____/_____
____/____/____	_____am	_____/_____	_____pm	_____/_____
____/____/____	_____am	_____/_____	_____pm	_____/_____
____/____/____	_____am	_____/_____	_____pm	_____/_____
____/____/____	_____am	_____/_____	_____pm	_____/_____
____/____/____	_____am	_____/_____	_____pm	_____/_____
____/____/____	_____am	_____/_____	_____pm	_____/_____