Chapin Family Practice
A Lexington Medical Center Physician Practice

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Lexington Medical Center

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.			
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		☐ a.m. ☐ p.m.			

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