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BLOOD PRESSURE DIARY FOR PREGNANCY

Patient's Name: _____

Date of Birth: _____

Target blood pressure: Systolic < (below) 140 Diastolic < (below) 90	Please call for any questions: 1. Fill in your blood pressure levels below. 2. Please list blood pressure medications you are taking.
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Date	Weight	AM Blood Pressure	PM Blood Pressure	Extra Blood Pressure	Extra Blood Pressure	Blood Pressure Medications

PLEASE SEND WEEKLY BLOOD PRESSURE LOG TO NURSE
Fax: (832) 209-2733 or E-mail: rhoda@drgei.com