

Name Date of Birth	
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## **Blood Pressure Log**

Date	AM	PM

□ Dr. Adusumalli □ Dr. DeStefano □ Dr. Haeri □ Dr. Herrera □ Dr. Horton □ Dr. Johnston □ Dr. McDonnold □ Dr. J. Singh □ Dr. K. Singh

Call if your systolic is > \_\_\_\_\_ and/or your diastolic is > \_\_\_\_\_

Please fax or email your blood pressure log WEEKLY to: (512) 776-1950 or AMFM.Nurse@hcahealthcare.com

\*\*\*Bring logs to every visit\*\*\*