



**Austin Maternal-Fetal Medicine**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**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\*\*\***