



NORTH AUSTIN
MATERNAL FETAL MEDICINE

Name _____

Date of Birth _____

Blood Pressure Log

| Date | AM | PM |
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Dr. DeStefano Dr. Adusumalli Dr. Haeri Dr. Singh

★ Call if you systolic is > _____ and/or diastolic is > _____

Please fax or email your blood pressure log **WEEKLY** to: 877-493-3567 or
NAMC.NorthAustinMFM@hcahealthcare.com

Bring logs to every visit