



**LEXINGTON**

A Lexington Medical Center Physician Practice

811 West Main Street, Suite 201, Lexington, SC 29072

Phone: (803) 358-6220 • Fax: (803) 358-6225

LexInternists.com



Lexington Medical Center

## Blood Pressure Log

My blood pressure goal is: \_\_\_\_\_

| Date | Time  | Systolic<br>(Top Number) | Dystolic<br>(Bottom Number) | Comments |
|------|---|--------------------------|-----------------------------|----------|
|      | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |                          |                             |          |
|      | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |                          |                             |          |
|      | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |                          |                             |          |
|      | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |                          |                             |          |
|      | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |                          |                             |          |
|      | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |                          |                             |          |
|      | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |                          |                             |          |
|      | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |                          |                             |          |
|      | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |                          |                             |          |
|      | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |                          |                             |          |
|      | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |                          |                             |          |
|      | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |                          |                             |          |
|      | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |                          |                             |          |
|      | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |                          |                             |          |
|      | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |                          |                             |          |
|      | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |                          |                             |          |
|      | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |                          |                             |          |
|      | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |                          |                             |          |
|      | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |                          |                             |          |
|      | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |                          |                             |          |
|      | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |                          |                             |          |
|      | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |                          |                             |          |
|      | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |                          |                             |          |
|      | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |                          |                             |          |
|      | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |                          |                             |          |
|      | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |                          |                             |          |
|      | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |                          |                             |          |