

blood pressure value month: _____

blood pressure value month: _____

blood pressure value month: _____



BLUTDRUCKPASS BLOODPRESSURE PASS

Name/name

Anschrift/address

blood pressure value month: _____

blood pressure value month: _____

blood pressure value month: _____

day	morning:		afternoon:		day	morning:		afternoon:	
	systolic value	diastolic value	systolic value	diastolic value		systolic value	diastolic value	systolic value	diastolic value
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16									

day	morning:		afternoon:		day	morning:		afternoon:	
	systolic value	diastolic value	systolic value	diastolic value		systolic value	diastolic value	systolic value	diastolic value
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
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13					29				
14					30				
15					31				
16									

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	systolic value	diastolic value	systolic value	diastolic value		systolic value	diastolic value	systolic value	diastolic value
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7					23				
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15					31				
16									

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14					30				
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16									

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