



NORTH AUSTIN
MATERNAL FETAL MEDICINE

Name _____

Date of Birth _____

Blood Pressure Log

Date	AM	PM

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