My List of Medications

Patient Name: _____

Date of Birth: _____

Medication	Strength	Times/Day

Plano Heart Center, P.A.
1600 Coit Road, Suite 105, TX 75075
Phone: (972) 596-9200, Fax: (972) 596-9206

Blood Pressure Diary

Patient Name:_____

Date	Time	BP	Pulse