



40 Mitchell Ave, Binghamton, NY 13903 Phone:(607) 723-1676

Patient Name: O Vail Height: MRN #: 6241 Weight: **Birth Year: Hypertension:** S1

#### **Blood Pressure Averages**

**Blood Pressure Averages::Weekly** 

WeekSystolicDiastolicPulseSystolic(n)Diastolic(n)Pulse(n)
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**Blood Pressure Averages:: Monthly** 

	Month-Year	Systolic	Diastolic	Pulse	Systolic(n)	Diastolic(n)	Pulse(n)
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**Blood Pressure Averages:: Quaterly** 

Quarter-YearSystolicDiastolicPulseSystolic(n)Diastolic(n)Pulse(n)
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### Blood Pressure Averages:: Yearly

	Year	Systolic	Diastolic	Pulse	Systolic(n)	Diastolic(n)	Pulse(n)
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### **Blood Sugar Averages**

Week	Before breakfast	2 hours before breakfast	Before lunch	2 hours after lunch	Before dinner	2 hours after dinner	Bedtime
2022-06- 02	0(0)	0(0)	97(1)	0(0)	0(0)	0(0)	0(0)

Month-	Before	2 hours before	Before	2 hours after	Before	2 hours after	Bedtime
Year	breakfast	breakfast	lunch	lunch	dinner	dinner	
06-2022	0(0)	0(0)	97(1)	0(0)	0(0)	0(0)	0(0)

Quarter- Year	Before breakfast	2 hours before breakfast	Before lunch	2 hours after lunch	Before dinner	2 hours after dinner	Bedtime
06-2022	0(0)	0(0)	97(1)	0(0)	0(0)	0(0)	0(0)

Year	Before breakfast	2 hours before breakfast	Before lunch	2 hours after lunch	Before dinner	2 hours after dinner	Bedtime
2022	0(0)	0(0)	97(1)	0(0)	0(0)	0(0)	0(0)

## **Problem List**

	Code	Name	Code System Name
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# All Time Spent

Month	Time
1	0
2	0
3	0
4	0
5	0
6	0

### <u>Chat</u>

Sender Receiver Messege Date&Time
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