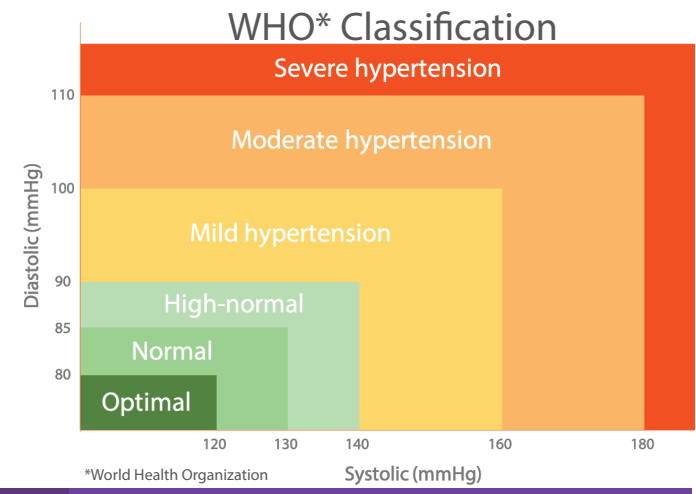


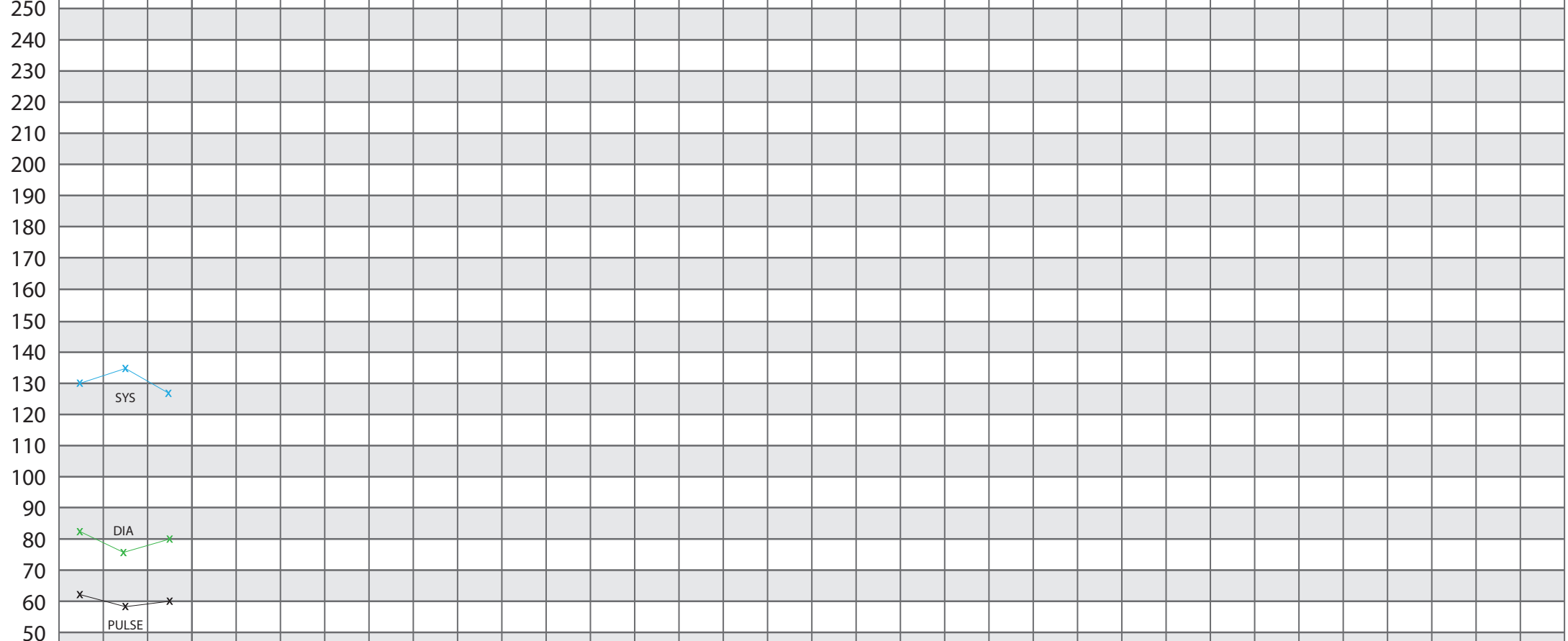
## Blood Pressure Diary

Firstname :  
 Lastname :  
 Date of birth :  
 Address :

Phone :  
 Weight :



10/01	11/01	12/01
9h	8h45	8h50



**Example**