



TEAM Program: Working Together for Healthy Blood Pressure
REMINDER ABOUT YOUR FIRST VISIT

Dear _____: **Welcome to the TEAM Program!**

This is a reminder that you have your first appointment on _____ at _____.

- If you need to change your appointment, please call _____ at least 24 hours before your appointment.
- Please bring the medications you are taking for high blood pressure.
- Remember to wear a short-sleeved or loose-fitting top so we can obtain an accurate blood pressure reading. You also will get a more accurate reading if you do not eat, smoke, or drink caffeine within 30 minutes of your appointment.
- Allow 30 minutes for the first visit. You will receive a free blood pressure reading, a “Patient Tool Kit”, and a sit-down consultation with the pharmacist.

We look forward to seeing you.

Pharmacist

Pharmacy Technician

Date: _____



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