



TEAM Program: Working Together for Healthy Blood Pressure
Reminder About Follow-up Visit

Dear _____:

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

- If you need to change your appointment, please call us at _____ at least 24 hours before your appointment. Remember to wear short-sleeved or loose-fitting top. You also will get a more accurate blood pressure reading if you do not eat, smoke, or drink caffeine within 30 minutes of your appointment.
- Please allow 15 minutes for this visit. You will receive:
 - A free blood pressure check & pharmacist feedback
 - Other: _____

We look forward to seeing you.

Pharmacist

Pharmacy Technician

Date: _____



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