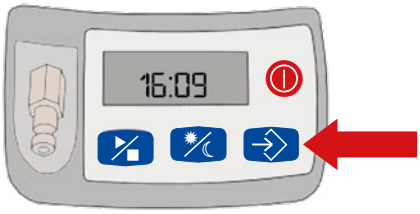
ANALYTICA
MEDIZINISCHE LABORATORIEN AG

ANA.MONITOR24

# 24H BLOOD PRESSURE MONITORING – PATIENT DIARY

**Name:** _____ **Date:** _____




If **symptoms** such as tachycardia, dizziness, chest pain or similar occur, **please press the event button once.**

| **Time** | **Activity** (in key words) | **Symptoms** (tachycardia, dizziness, chest pain or similar) |
|---|---|---|
| ***Example*** *07:30 a.m.* | *getting up* | *dizziness* |
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