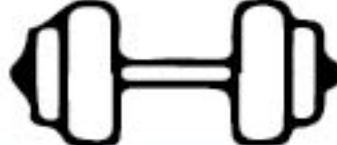
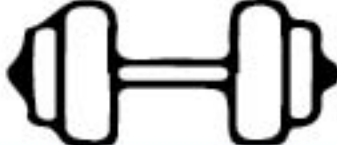
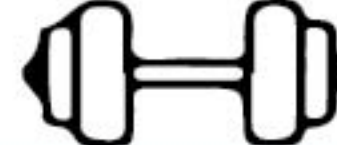


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month : -----

	sun	mon	tue	wed	thu	fri	sat
blood pressure: -----	 	 	 	 	 	 	 
weight: -----							
blood pressure: -----	 	 	 	 	 	 	 
weight: -----							
blood pressure: -----	 	 	 	 	 	 	 
weight: -----							
blood pressure: -----	 	 	 	 	 	 	 
weight: -----							