

Prescription for Blood Pressure (BP) Device for Use at Home

PATIENT INFORMATION LABEL

Name: _____

Address: _____

Phone: _____

Date of Birth (MM/DD/YYYY): _____

PHN: _____

Please purchase a **Blood Pressure (BP) Monitor** for use at home:

1. Look for “Recommended by Hypertension Canada” on the BP monitor or box (gold or silver logo).
2. Different brands of BP monitors come with different cuff sizes. Choose one where the cuff size matches the measurements below.

Arm circumference (middle of upper arm at midpoint between shoulder and elbow):

_____ cm

Ideal cuff bladder width: Arm circumference x 0.4 = _____ cm (minimum size)

Ideal cuff bladder length: Arm circumference x 0.8 = _____ cm (minimum size)

3. Special needs (e.g., talking device, pre-formed cuff, etc):

Some extended health plans may cover all or a portion of the cost. Contact your insurance provider prior to purchase. Otherwise, keep your receipt. You may be eligible for a credit on your income tax.

Take your device to your doctor’s office/clinic/pharmacy before using it. Then compare the measurement on your device with that on the device in the office/clinic/pharmacy.

Name of Licensed KCC HCP

Kidney Care Clinic

Phone

Email

Signature

Date