



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 a brand where the size of the cuff fits within the range of the measurement below:

Mid-upper arm circumference (midpoint between shoulder and elbow): _____ cm

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

