



BPM/PST WAIVER

DATE: _____

I certify and acknowledge that I understand the procedure regarding BP monitoring, which will be taken 2-3 times with a 30-minute interval.

1st Monitoring: Right Arm:____mmHg **Left Arm:**____mmHg **Right Arm 2nd :**____mmHg

2nd Monitoring: Right Arm:____mmHg **Left Arm:**____mmHg **Right Arm 2nd :**____mmHg

3rd Monitoring: Right Arm:____mmHg **Left Arm:**____mmHg **Right Arm 2nd :**____mmHg

MEDICATIONS: _____

Signature over Printed Name