Please record any of the following:

Refills or accidental bottle openings, changes in dosage or scheduling, travels to different time zones, or technical problems with the blood pressure system:

| Refill/open bottle | Briefly describe the details: |
|----------------------|-------------------------------|
| Change dosage | |
| ☐ Change schedule | |
| ☐ Technical problems | |
| Date: Time: | |
| Medication: | |
| Refill/open bottle | Briefly describe the details: |
| Change dosage | |
| Change schedule | |
| ☐ Technical problems | |
| Date: Time: | |
| Medication: | |
| Refill/open bottle | Briefly describe the details: |
| Change dosage | |
| Change schedule | |
| Technical problems | |
| Date: Time: | |
| Medication: | |