

ADD LOGO

DATE

Dear _____ :

CONGRATULATIONS on your decision to participate in the **Self-Measured Blood Pressure Program**. This is an important step to managing your health.

This program is sponsored through _____

As part of the program you will be instructed in the program and provided with hands on training on how to use the blood pressure device.

If you have questions please contact:

Thank you for taking this next step by increasing your knowledge about your blood pressure.

Sincerely,

Office contact information

