**LEMBAR OBSERVASI**

Nama(Inisial) :

Jenis Kelamin :

Umur :

Alamat :

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| **No** | **Tanggal** | **Tekanan Darah**  **Pre(sebelum)**  **Tindakan** | **Tekanan Darah**  **Post(sesudah)**  **Tindakan** |
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