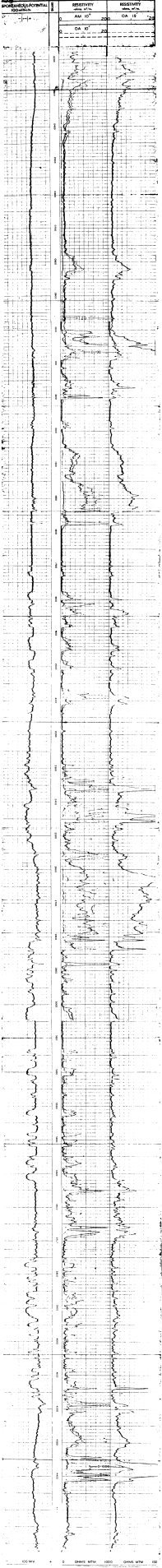


DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
PATIENT NAME: \_\_\_\_\_  
AGE: \_\_\_\_\_ SEX: \_\_\_\_\_  
PHYSICIAN: \_\_\_\_\_  
NURSE: \_\_\_\_\_  
ELECTROCARDIOGRAPHY UNIT: \_\_\_\_\_  
HOSPITAL: \_\_\_\_\_



ECG UNIT: \_\_\_\_\_  
TECHNICIAN: \_\_\_\_\_  
REVIEWED BY: \_\_\_\_\_