



Full Transmission Report

Printed: 18-May-2004 at 1:15 PM
Page 1 of 4

PATIENT INFORMATION

Name: SAMPLE, REPORT
Patient ID: 3879499410
O: 800-659-8151
DOB: 4/14/1972 (32)
Gender: Unknown

PHYSICIAN INFORMATION

Physician: LifeSupport Inc., -
Phone 1: (800)659-8151
Address: 24/7/365

MONITORING INFORMATION

Start Date: 10/16/2003
Model: Heart Aide EZ D
Reason(s): Detection of Cardiac Arrhythmias, ,
Comments:

End/Return:
Serial #: EZD SAMPLE

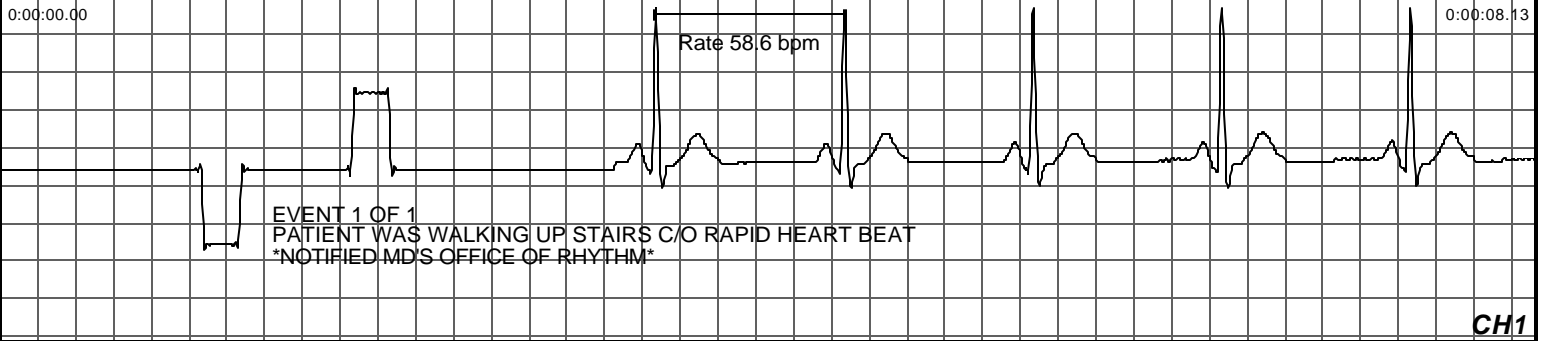
PRESENT TRANSMISSION - Received 10/21/2003 12:55:06 PM - Unknown Trigger

Description: Routine Transmission
Symptoms: Rapid Heart Rate
Activity: Walking up stairs
Location: Patient was at home
Findings: AJ-CTT/1 event/*Notified MD's office of rhythm*

Rate:	53	to	250
PR:	0	to	0
QRS:	0	to	0
QT:	0	to	0

ECG STRIPS

10/21/2003 12:55:06 PM Speed:25 mm/s Gain:10 mm/mV High Pass Filter:0 Hz - Center Low Pass Filter:40 Hz



Signature: _____

Date: _____

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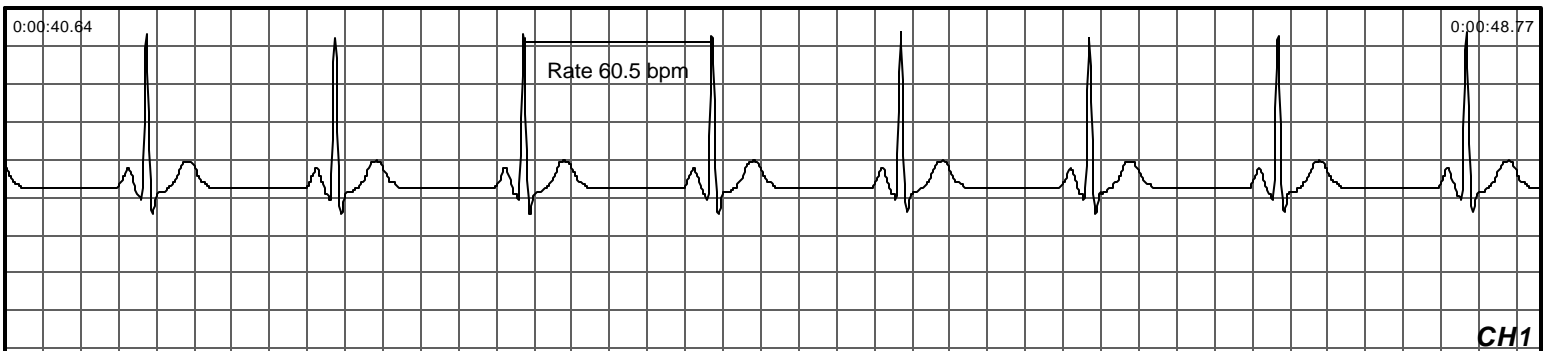
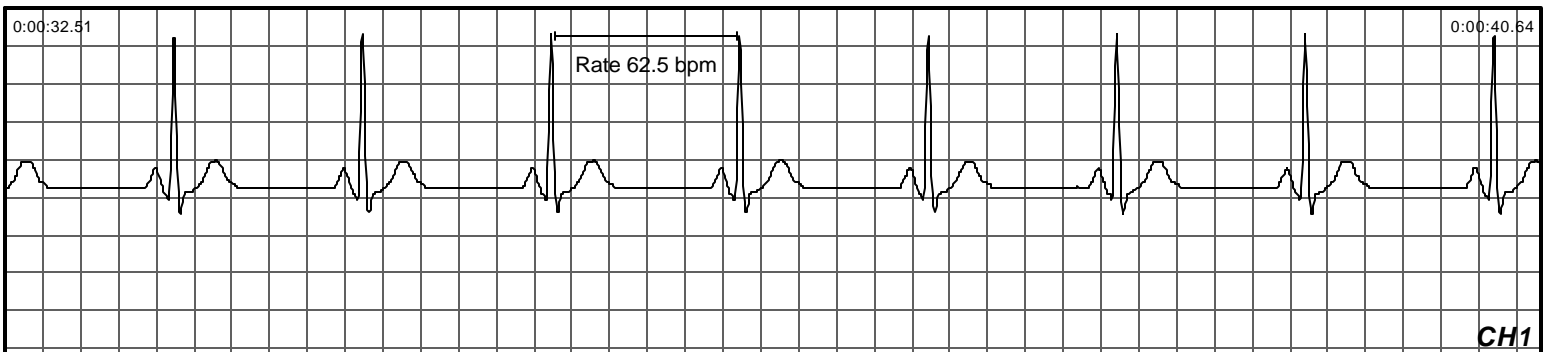
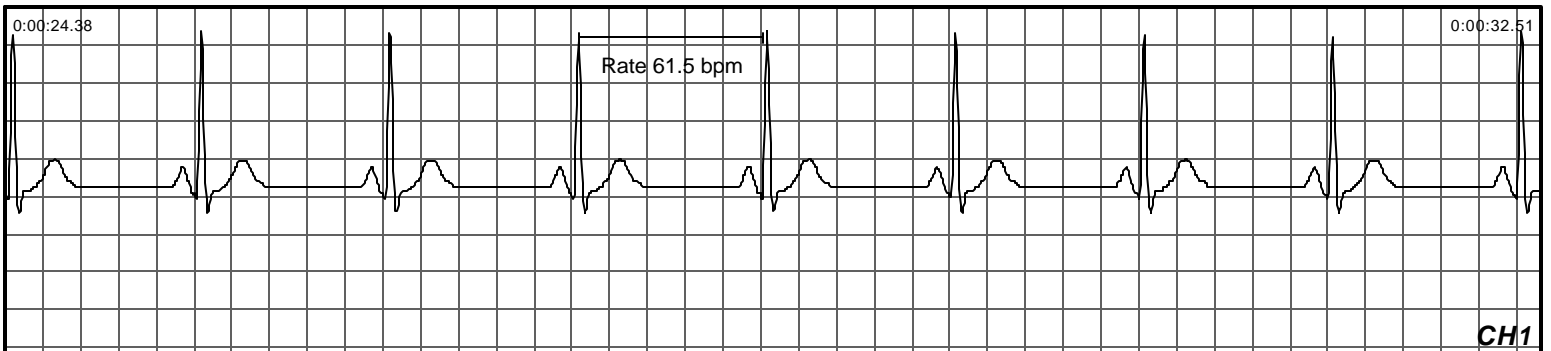
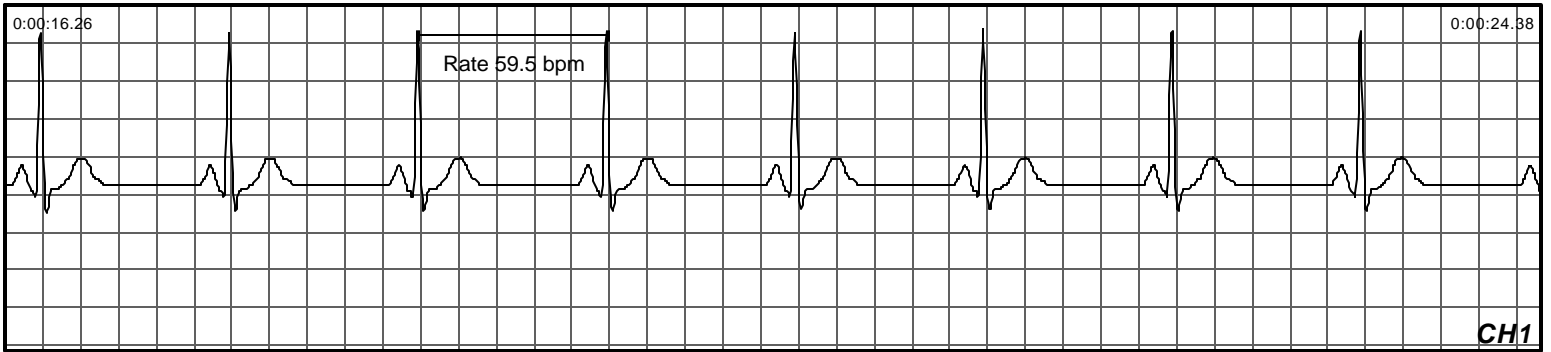
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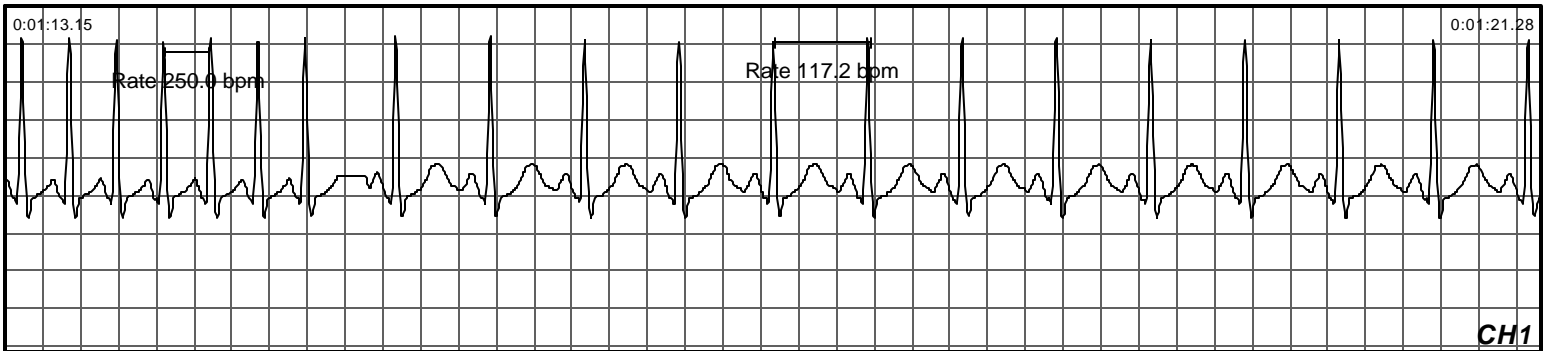
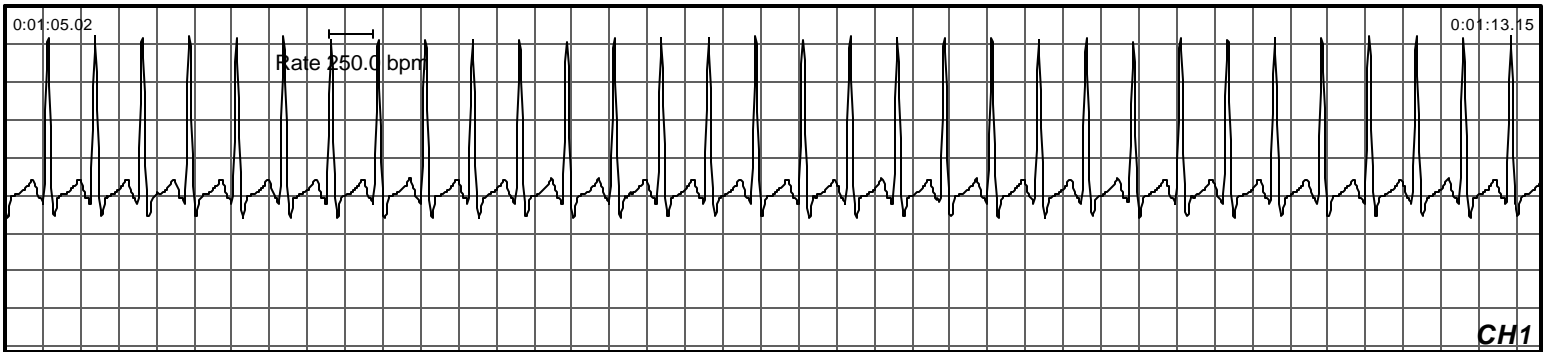
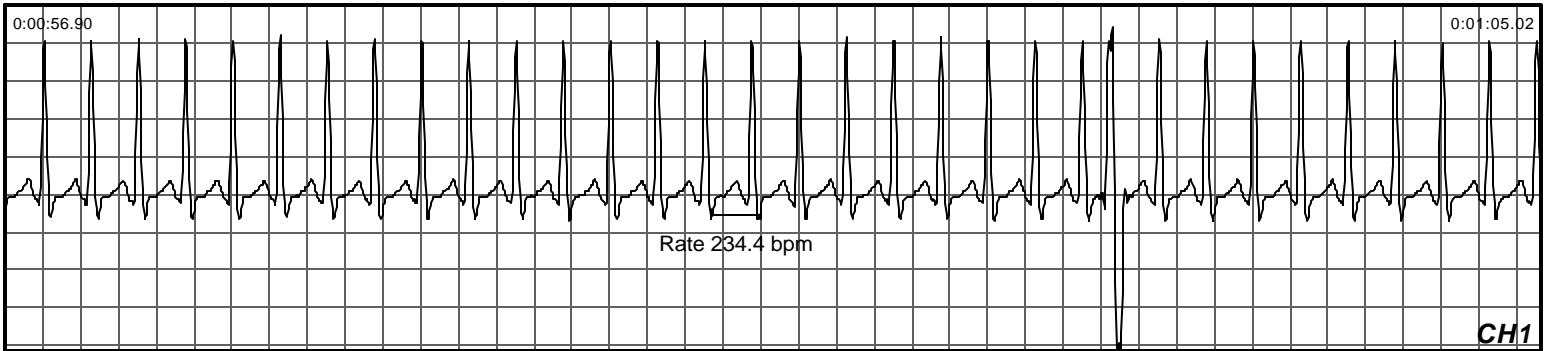
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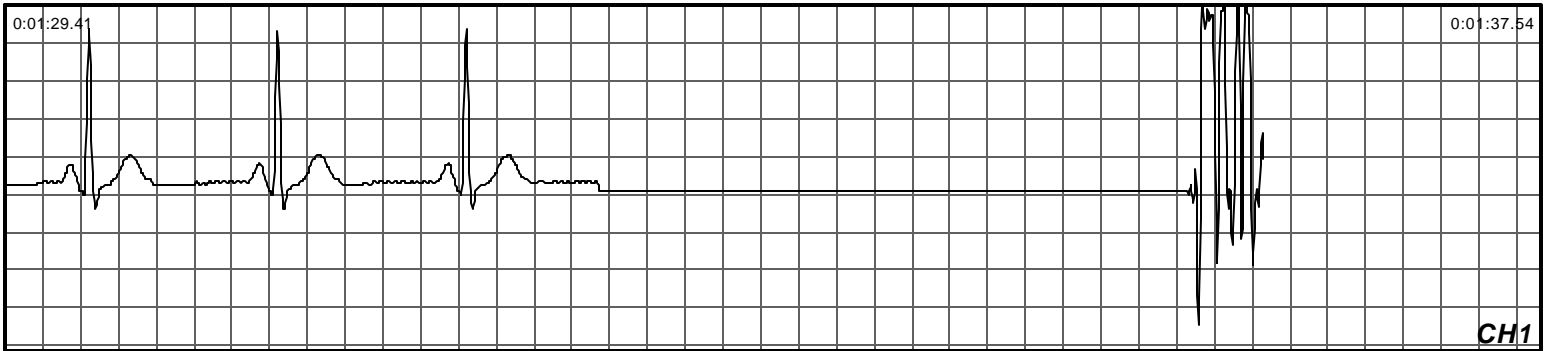
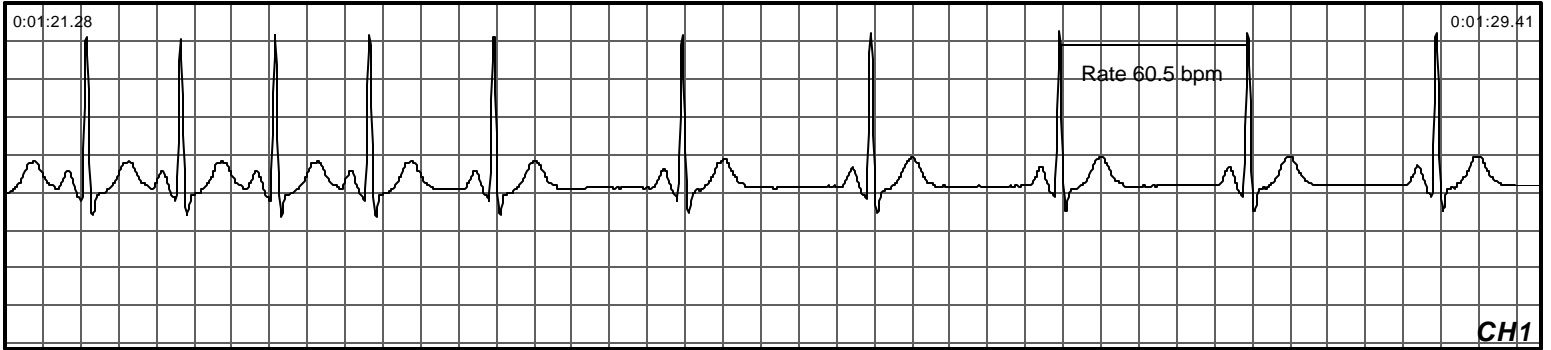
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SEND TO
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24/7/365