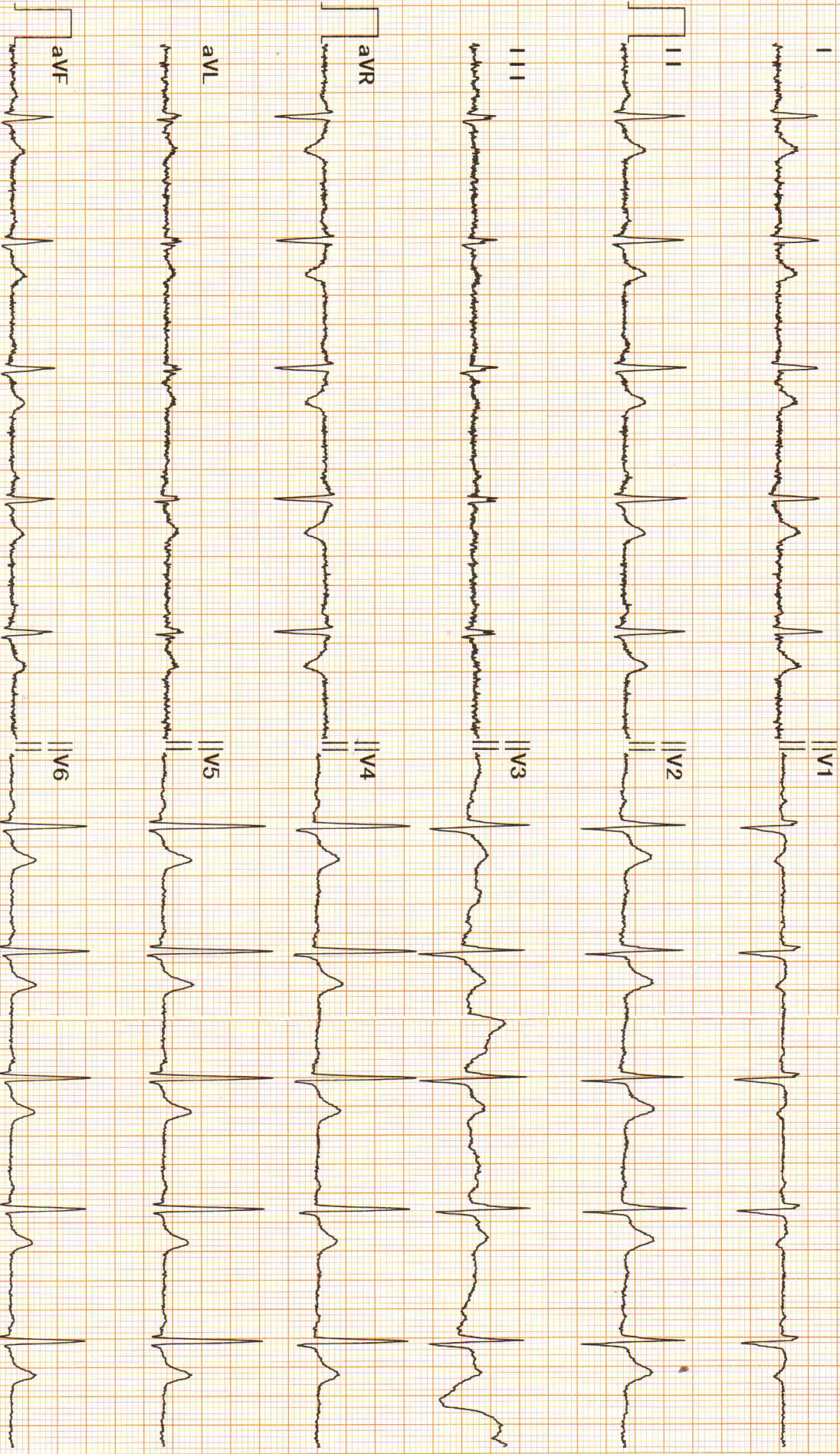


ID : 2411140000
Name :
Sex :
Divisions :

DateTime: 2024-11-14 10:55
Age :
BP :
Bed No. :
mmHg

PatientID:
Height :
Weight :
Hospital No. :
cm
kg

Hospital:



Diagnosis for reference, ask your doctor to confirm
AUTO PRINT 6X2 67bpm 10 mm/mV 0.50Hz-Off AC 50Hz 25 mm/sec Confirmed By: