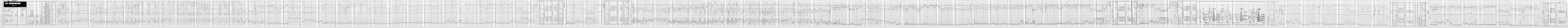
Test Information
Name
ID
Age
Sex
Date
Time
Room
Technician
Physician
Medications
Comments
Lead I
Lead II
Lead III
Lead aVR
Lead aVL
Lead aVF
Lead V1
Lead V2
Lead V3
Lead V4
Lead V5
Lead V6
Rhythm
Lead II
Lead V1
Lead V5
Lead II
Lead V1
Lead V5
Lead II
Lead V1
Lead V5