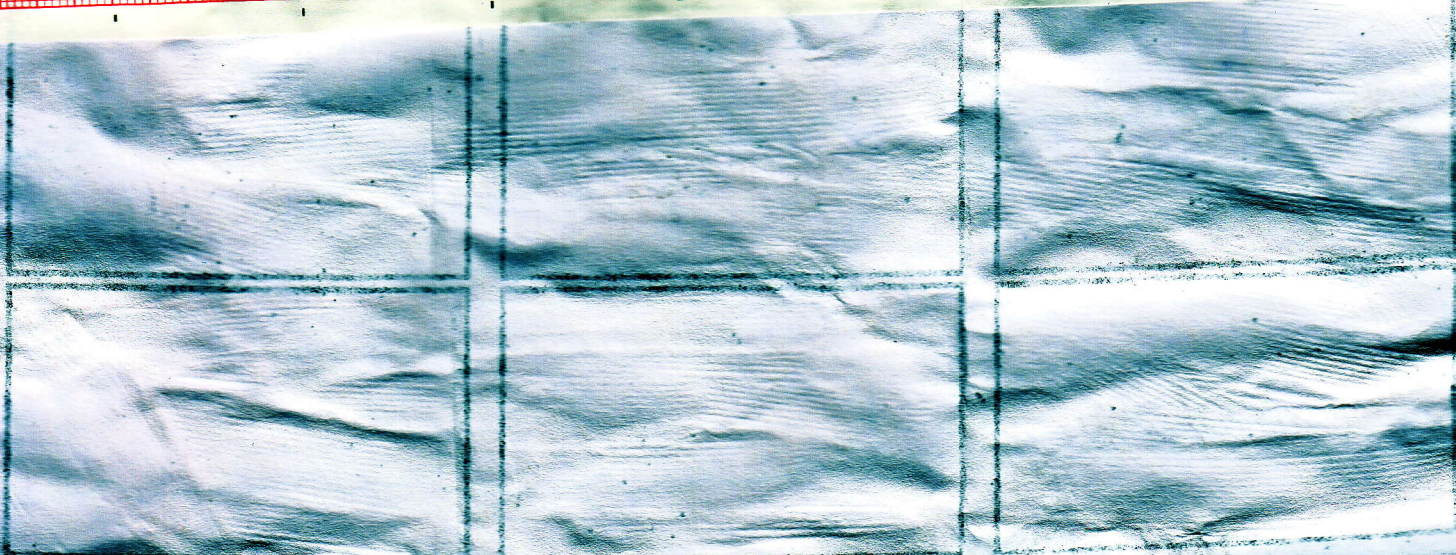


ELECTROCARDIOGRAPHIC REPORT

NAME: _____
 AGE: _____
 SEX: _____
 DATE: _____
 TIME: _____



10mm/mV 25mm/s HF-DF HR:52



Interpretation: _____
 Physician: _____
 Date: _____
 Time: _____
 Signature: _____
 Title: _____

J. M. TAYLOR, M.D.
 Cardiologist