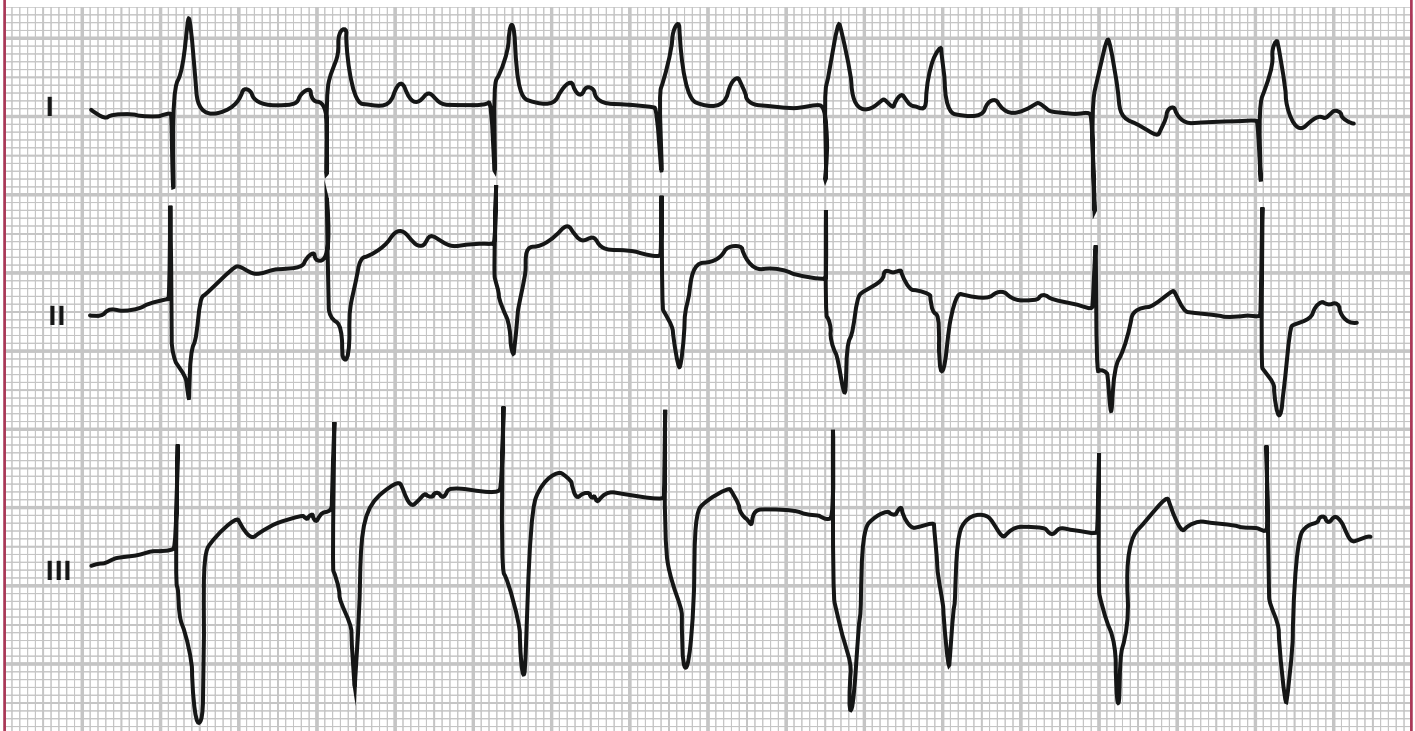






P \_\_\_\_\_  
 QRS \_\_\_\_\_  
 T \_\_\_\_\_

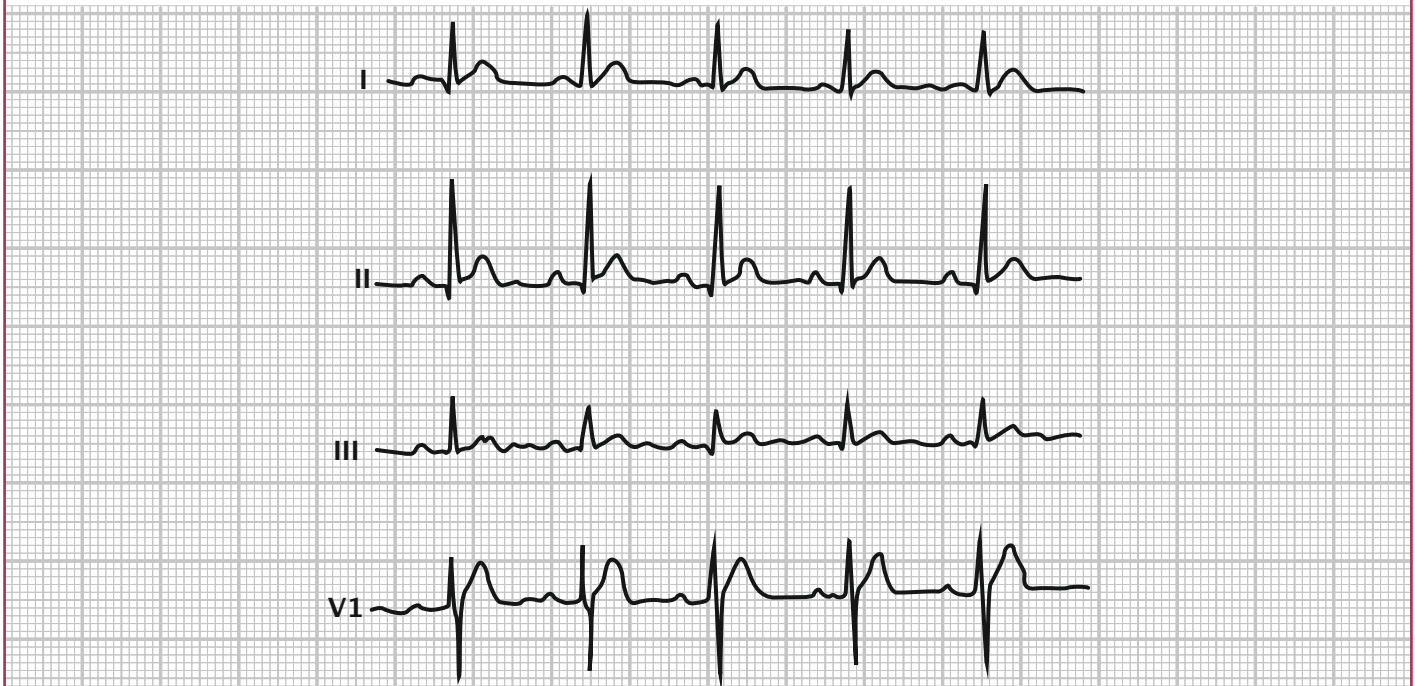
ECG 5



sinus rhythm	ventricular fibrillation	ventricular tachycardia	ventricular flutter	atrial fibrillation	pacemaker	heart rate	additional comments
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

P \_\_\_\_\_  
 QRS \_\_\_\_\_  
 T \_\_\_\_\_

ECG 6



sinus rhythm	ventricular fibrillation	ventricular tachycardia	ventricular flutter	atrial fibrillation	pacemaker	heart rate	additional comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

