

<b>MEDICAL RECORD</b>			<b>ELECTROCARDIOGRAPHIC RECORD</b>				PREVIOUS ECG <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
CLINICAL IMPRESSION						MEDICATION		
AGE	SEX	RACE	HEIGHT	WEIGHT	B.P.	SIGNATURE OF WARD PHYSICIAN <b>LEIGH McGRAW, MAJ, AN, FNP</b>		DATE
RHYTHM				AXIS DEVIATION (QRS)		RATES		
INTERVALS				P WAVES		AURIC.		VENT.
PR		QRS		QT				
QRS COMPLEXES								
RS-T SEGMENT						T WAVES		
UNIPOLAR EXTREMITY LEADS <i>(Specify)</i>								

PRECORDIAL LEADS *(Specify)*

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS

*(Continue on reverse)*

NO.	SIGNATURE OF PHYSICIAN	PATIENT'S IDENTIFICATION NO.	DATE
ECG			
PATIENT'S IDENTIFICATION <i>(For typed or written entries give: Name-last, first, middle; grade; date; hospital or medical facility.)</i>		REGISTER NO. <b>BHBA</b>	WARD NO. <b>PHYS EXAM</b>

NAME \_\_\_\_\_

SSN \_\_\_\_\_ RANK \_\_\_\_\_

**ELECTROCARDIOGRAPHIC RECORD**  
(Attach Tracings to SF 507)  
Medical Record

OPTIONAL FORM 520 (12-94)  
GSA/ICMR, FPMR  
\*U.S. GPO: 2001-472-148/40215