 4th floor SKK Bldg. 63-65 Sen. Gil Puyat Ave., Pasay City  
**Tel. No. 834-7046 / 0920-9537443**  
Email address: [sjladi.adm@gmail.com](mailto:sjladi.adm@gmail.com)  
DOH Accreditation No.: 13-083-17-MF-2  
ISO Certified 9001:2015

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| Patient ID: | Date: | Form No: |
| Name: | Package: | |
| Age: | Company: | |
| Gender: | Account: | |
| Civil Status: |  | |

**ELECTROCARDIOGRAM REPORT**

**Impression**