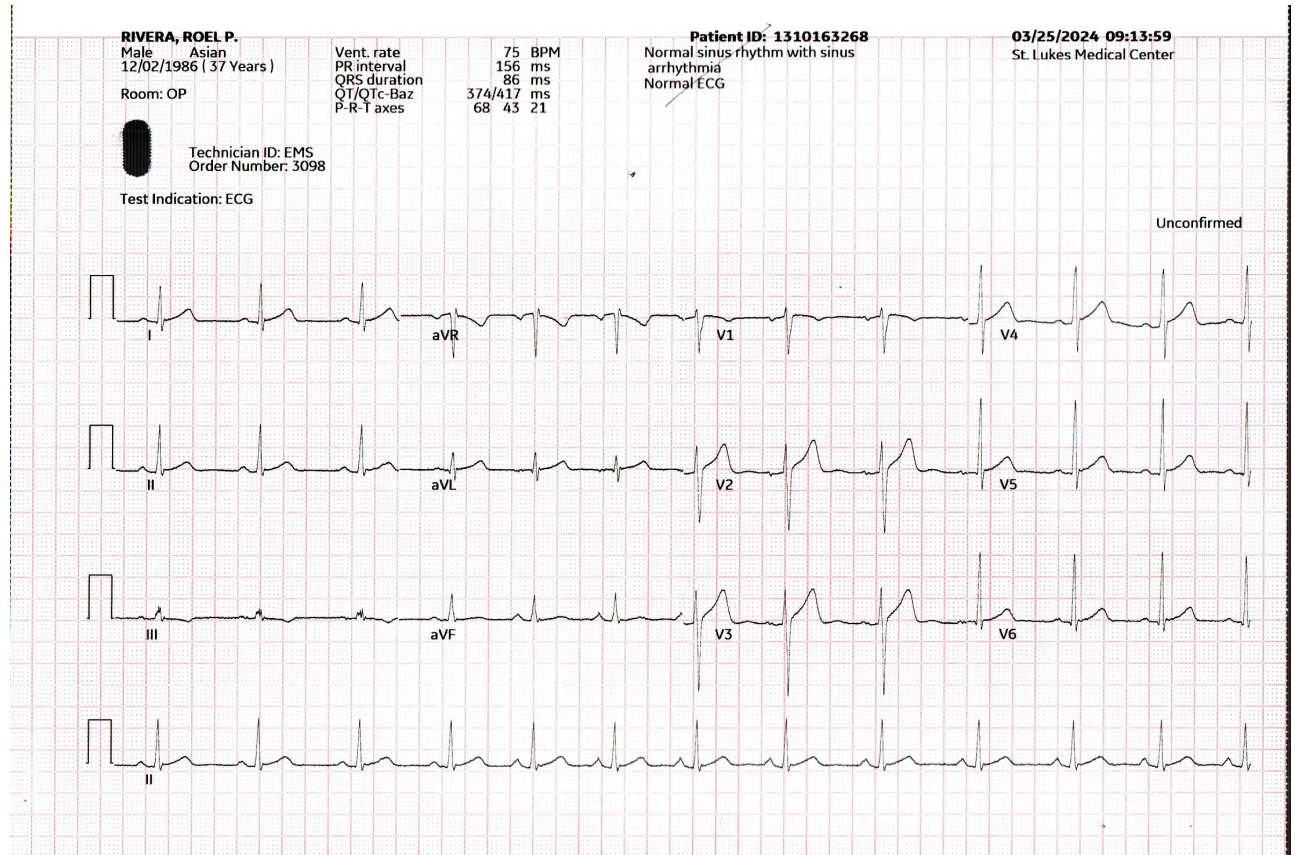




PATIENT'S NAME (Last, First Middle Name)				DATE/TIME OF EXAM
RIVERA, Roel Pagdingalan				Mar-25-2024 09:13 AM
PIN	BIRTHDATE	AGE/GENDER	ROOM/BED	REQUESTING PHYSICIAN
1310163268	Dec-02-1986	37Y/M	OPD	

Tracing:



ATRIAL RATE (bpm)	VENT. RATE (bpm)	P.R. (sec)	QRS DURATION (sec)	QT ACTUAL (sec)	QT CORRECTED (sec)	FRONTAL QRS AXIS
75	75	0.16	0.09	0.37	0.42	43

Interpretation:

Normal electrocardiogram

MA. LUISA B. AFABLE, M.D.

PRC#55141
ACTIVE CONSULTANT

This report has been electronically validated. No signature is required.

OR/CI # 0076202403003098	PRINT DATE/TIME: 03 25 2024 11:06 PM
DOCUMENT # 00760324007501	Page 1 of 1