

Patient Diary



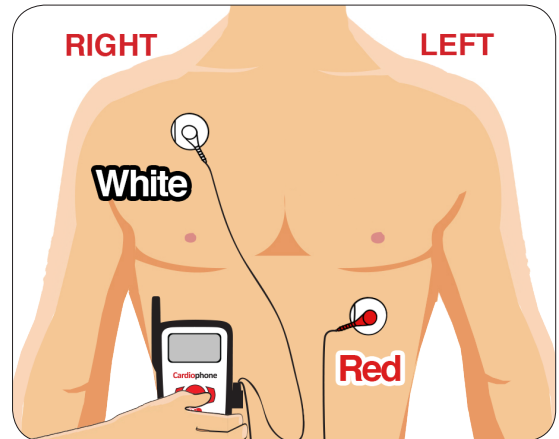
Instructions:

Press the **red record button**, until it makes a noise, if you feel any symptoms such as chest pain/discomfort, shortness of breath, palpitations, dizziness, etc. Write down the symptom, activity, date and time of each event below.



Do not get the device wet (remove for baths, showers, etc.) Apply 2 new electrodes after.

Name	
Monitor #	Return Date (MM/DD/YYYY)

[illegible]

