Patient Diary



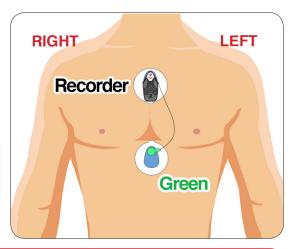
Instructions:

If you experience any symptoms such as chest pain/discomfort, shortness of breath, palpitations, dizziness, etc. record them below. Write down the symptom, activity, date and time of each event.



IMPORTANT: While showering face away from the shower head & shield the device with a cloth or your hand. **Do not swim or take baths while wearing.**

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



Date	Time	Activity	Symptoms
MM/DD/YY	2:30 pm	Gardening	ie. Chest Pain, Shortness of Breath

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