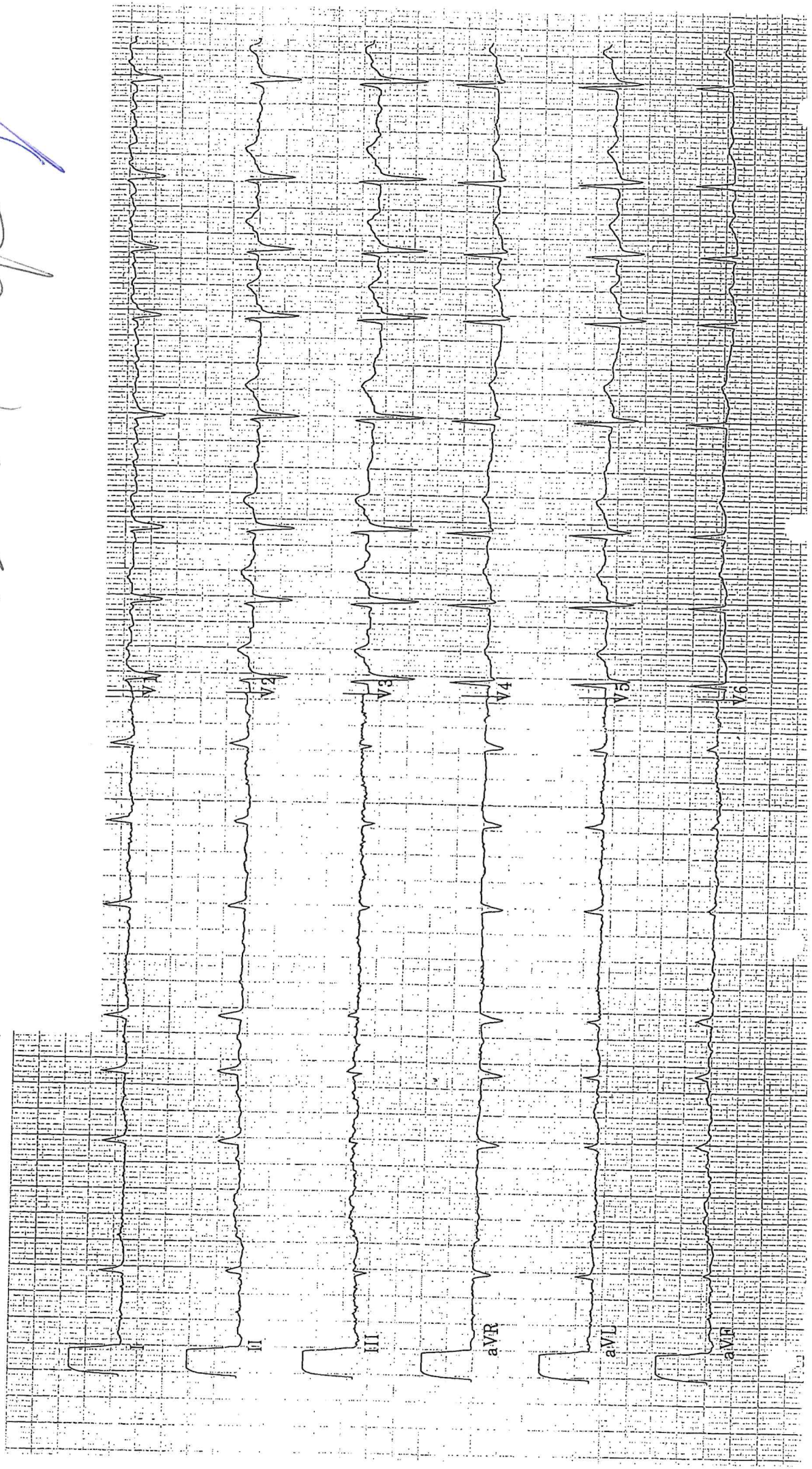


PROVA PATICA
N. 1

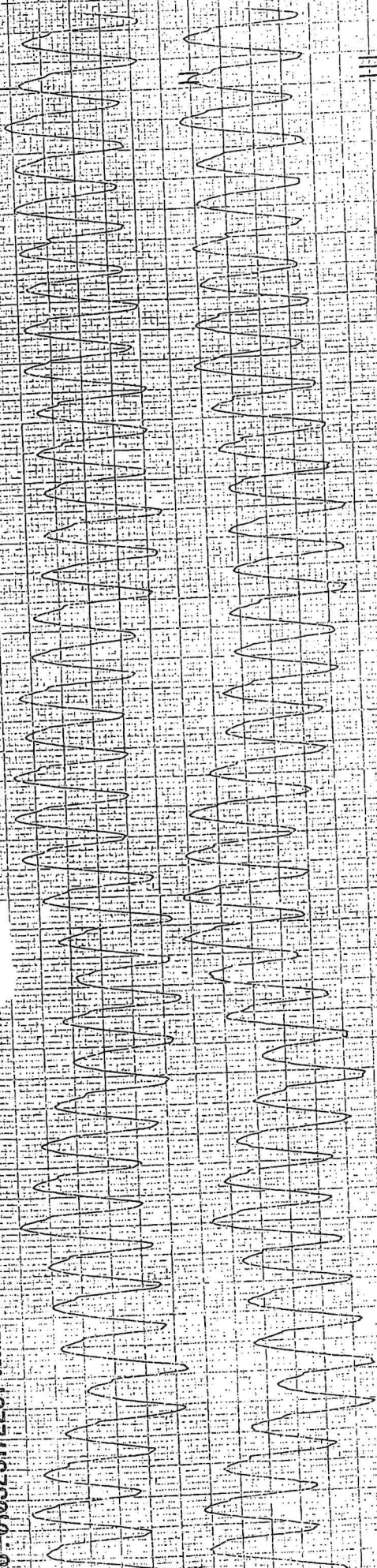
Frequenza
Intervallo PR
Durata QRS
QT/QTc 3
Assi P-R-T

All 4

Handwritten signature



0-030323172231-30gen23-17:23:02-FC-224-SPUZ



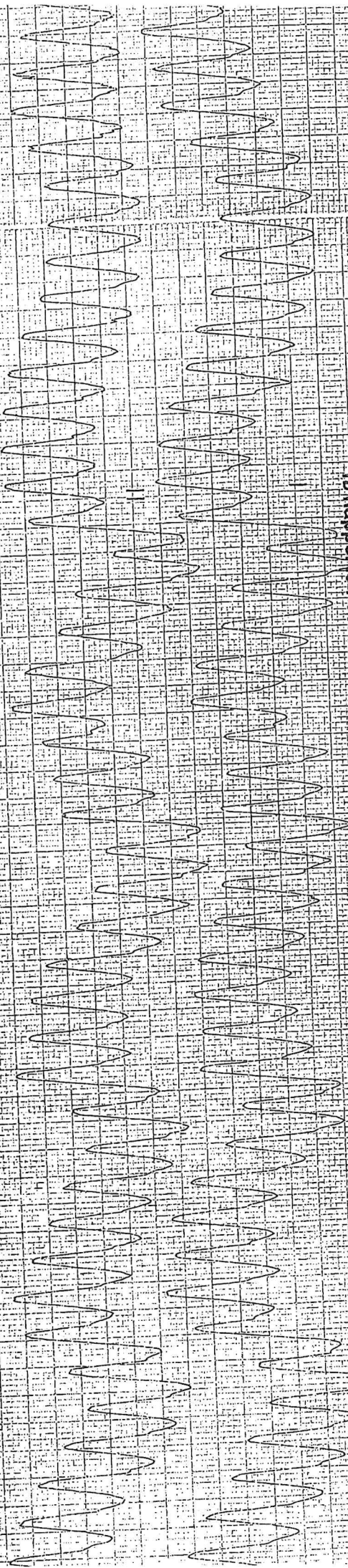
x1,0-0,05-40Hz-25fr

LP158667-000-3306808-005-00J55R040A890P LP1540378667

40Hz-25mm/sec

x1,0-0,05-40Hz-25mm/sec

LP158667-000-3306808-005-00J55R040A890P LP1540378667



All. 4

PROVA PRATICA
N. 3



Nome: _____ Data: 14.04.2021
Sex: Masch. Etá: _____ anni
Farmaci 1: _____
Farmaci 2: _____
Stanza: _____
10 mm/mV 25 mm/s Filtro 35 Hz H 30 D

