



Patient's Name (Last, First, M) Jane Doe		ID# DOJ6789	Birth Date (01/01/65)	SEX F
Home Phone (516)872-7001		Work Phone N/A		Cell Phone N/A
Indications Palpitations				
Physician Name R. Friedlander, MD			Clinic Ocean Empire Diagnostic	
Phone 1-800-590-5559		Fax (516)872-7007		
Address 875 Sunrise HWY Lynbrook, NY 11563				

**Preliminary Findings:**

The Patient's monitoring period was 120 hours and 00 minutes. Quantitative summaries of rate and ectopic frequency are tabulated in the enclosed pages, with hourly values. The patient presents predominantly in Atrial Fibrillation with Sinus Rhythm. Pacemaker Rhythm not noted. Sinus Bradycardia noted. Sinus Tachycardia not noted. Proxymal Atrial Tachycardianot noted. Atrial Flutter not noted. The patient's average heart rate was 70 bpm with a maximum heart rate of 112 bpm and a minimum heart rate of 45 bpm. Atrial ectopic beats not noted. Ventricular ectopic beats not noted. Ventricular pairs were not noted. No pauses greater then 2.5 seconds noted. No ST segment depression or elevation over 1mm.

**Additional Information:**

Symptoms: Patient presents largely asymptomatic with no manual events.

Patient was found to be in Atrial Fibrillation for 56 hours and 33 minutes, 75% of the monitoring period.  
Patient's maximum AFIB rate was 112 bpm on day 3 at 11:35am.

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