## **Patient Diary**



24-Hour Helpline: 1-855-404-5667

## **Instructions:**

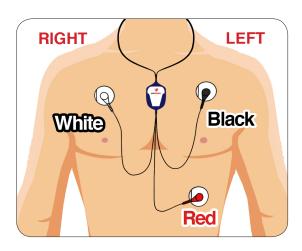
If you experience any symptoms such as chest pain/discomfort, shortness of breath, palpitations, dizziness, etc. record them in this diary. Write down the symptom, activity, date and time of each event.



Do not get the device or holder wet (remove for showers, baths, etc.)

Apply 3 new electrodes after.





Date	Time	Activity	Symptoms
MM/DD/YY	2:30 pm	Gardening	eg. Chest Pain, shortness of breath

Date	Time	Activity	Symptoms
MM/DD/YY	2:30 pm	Gardening	eg. Chest Pain, shortness of breath
			REF- MHPTD22