

Peak Pressure Report

Doctor's name here
Company Name here
Address here

Telephone number here

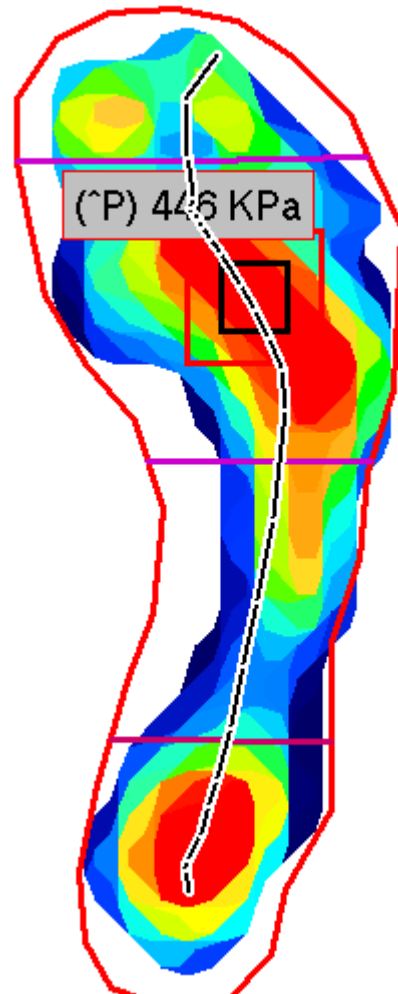
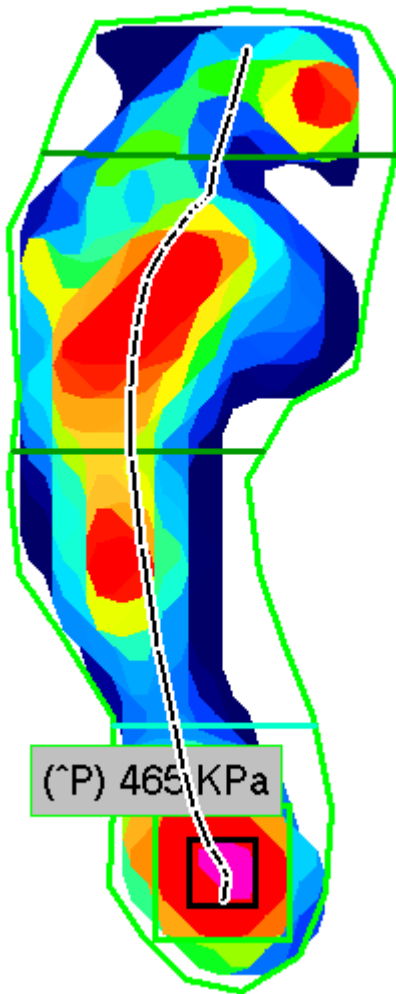
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Biosense Medical
Date Printed: 10/11/2015

Patient Name Patient ID DOB Gender

Date of Exam Time of Exam Examiner

Peak Pressure Profiles (Average of Stances)

Exam 06/10/2015, 21:02



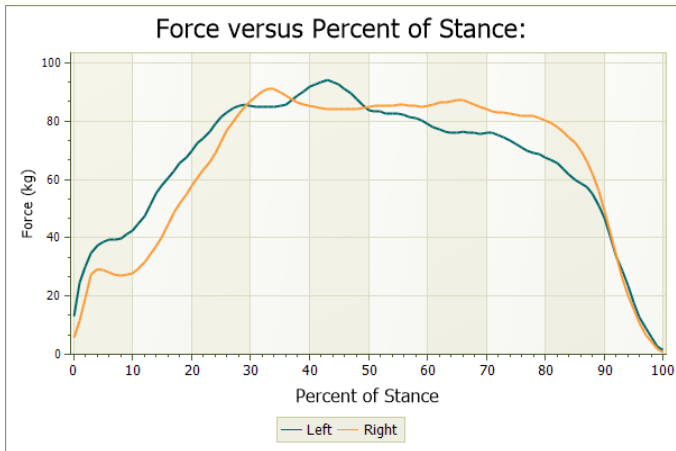
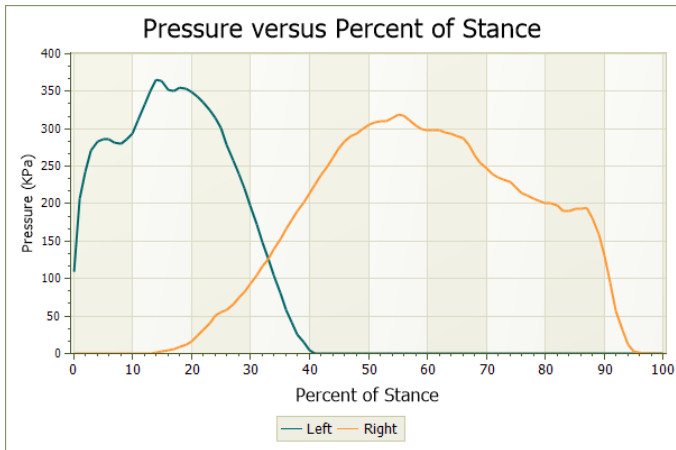
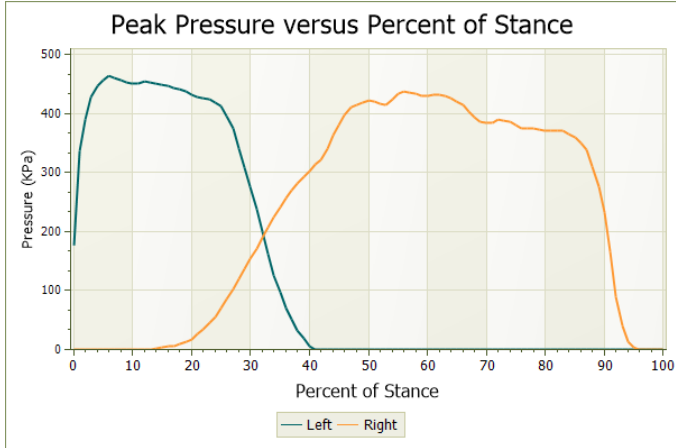
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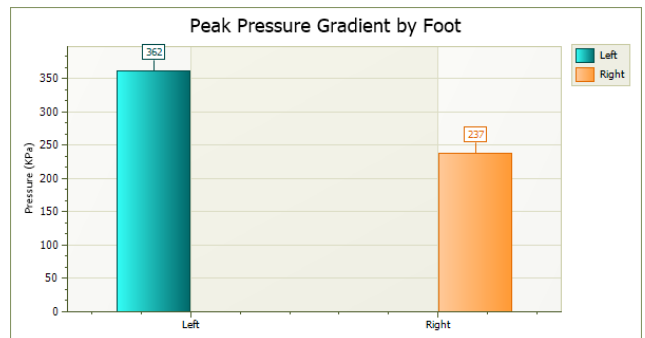
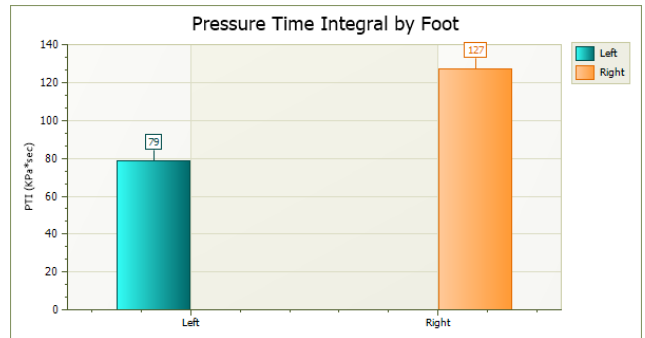
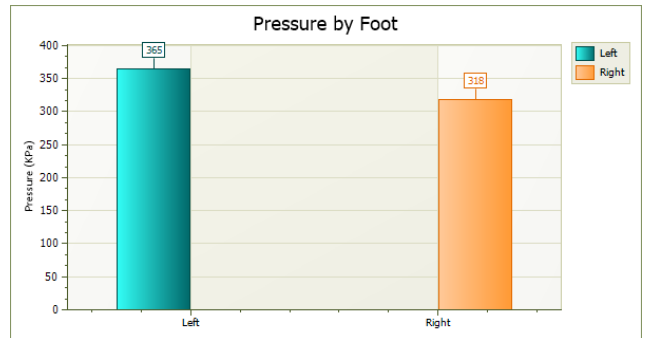
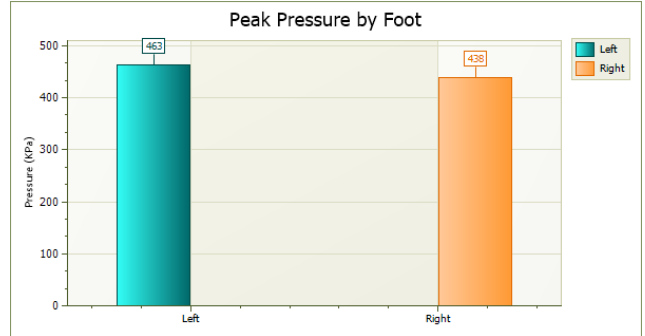
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Pressure and Force versus Time Curves Exam 06/10/2015, 21:02



Pressure Parameter Comparisons Exam 06/10/2015, 21:02



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Biosense Medical
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Patient Name: Biosense Medical

Patient ID:

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Gender:

Comments and Observations

Signed: _____

Dated: _____