



CARDIAC MONITOR STRIP MOUNTING SHEET

PATIENT'S NAME: _____ **MEMS Report #:** _____ **Date:** _____

Truck #: _____ **Provider Name:** _____ **License #** _____ **License Level:** _____

Strip #: _____ **Time:** _____ **Interpretation:** _____

ATTACH EKG STRIP HERE

Reviewed by: _____ **Date:** _____ /_/_ **Agree** /_/_ **Disagree** (**Interpretation:** _____)