



**Heart**

*ECG*

Date and Time: \_\_\_\_\_

Rate: \_\_\_\_\_ Rhythm: \_\_\_\_\_

Echocardiography \_\_\_\_\_ Date and Time: \_\_\_\_\_

Contractility: \_\_\_\_\_

Left ventricle function: \_\_\_\_\_

Left ventricle mass index: \_\_\_\_\_

Aortic valve: \_\_\_\_\_

Mitral valve: \_\_\_\_\_

Tricuspid valve: \_\_\_\_\_

Pulmonary valve: \_\_\_\_\_

Presence of ASD (atrial septal defect): \_\_\_\_\_

Presence of PFO (patent foramen ovale): \_\_\_\_\_

Comment: \_\_\_\_\_

Cardiologist: \_\_\_\_\_

**WICHTIG: Diese Angaben ersetzen keinen zeitnahen schriftlichen Befund in der Krankenakte**

**Bei Rückfragen gerne unter 044 255 22 22 melden**