



### Device Implantation

Centre, city, country: \_\_\_\_\_  
 Operator's Name: \_\_\_\_\_ The Cardiology Service Director Name: \_\_\_\_\_ The Hospital Director Name: \_\_\_\_\_

#	Procedure date	Patient Initials	Patient- Hosp. record	Device	Result	Complications	Comments
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#	Procedure date	Patient Initials	Patient- Hosp. record	Device	Result	Complications	Comments
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#	Procedure date	Patient Initials	Patient- Hosp. record	Device	Result	Complications	Comments
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#	Procedure date	Patient Initials	Patient- Hosp. record	Device	Result	Complications	Comments
94							
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#	Procedure date	Patient Initials	Patient- Hosp. record	Device	Result	Complications	Comments
125							
126							
127							
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