



Device Follow-ups

Center, City, Country: [REDACTED]

Operator's name:

Cardiology Service Director:

Hospital Director:

[REDACTED]

[REDACTED]

[REDACTED]

Please indicate at least 200 procedures* (including 40 ICDs and 20 CRTs) performed as first operator (procedures # not in bold are the maximum number of extra cases you may add)

***A template for ICDs and CRTs is available after this file.**

#	Procedure date	Patient initials	Patient Hosp record #	Device	Result	Complications	Comments
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							

Please make sure to put the procedures in the chronological order

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18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
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32							
33							
34							

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35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
51							

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52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							

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69							
70							
71							
72							
73							
74							
75							
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							

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[REDACTED]

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#	Procedure date	Patient initials	Patient Hosp record #	Device	Result	Complications	Comments
86							
87							
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							

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#	Procedure date	Patient initials	Patient Hosp record #	Device	Result	Complications	Comments
101							
102							
103							
104							
105							
106							
107							
108							
109							
110							
111							
112							
113							
114							
115							
116							
117							

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118							
119							
120							
121							
122							
123							
124							
125							
126							
127							
128							
129							
130							
131							
132							
133							
134							

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135							
136							
137							
138							
139							
140							
141							
142							
143							
144							
145							
146							
147							
148							
149							
150							
151							

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152							
153							
154							
155							
156							
157							
158							
159							
160							
161							
162							
163							
164							
165							
166							
167							
168							

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169							
170							
171							
172							
173							
174							
175							
176							
177							
178							
179							
180							
181							
182							
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184							
185							

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[REDACTED]

[REDACTED]

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186							
187							
188							
189							
190							
191							
192							
193							
194							
195							
196							
197							
198							
199							
200							

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Please indicate at least 40 ICDs performed as first operator (procedures # not in bold are the maximum number of extra cases you may add)

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1							
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Center, City, Country:

Operator's Name:

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Hospital Director:

Please indicate at least 20 CRTs performed as first operator (procedures # not in bold are the maximum number of extra cases you may add)

#	Procedure date	Patient initials	Patient Hosp record #	Device	Result	Complications	Comments
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

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Hospital Director: [Redacted]

Please indicate at least 20 CRTs performed as first operator (procedures # not in bold are the maximum number of extra cases you may add)

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16							
17							
18							
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