



Electrophysiology procedures:

Center, City, Country:

Operator's Name:

Cardiology Service Director:

Hospital Director:

Please indicate at least 200 procedures* (including 100 ablation procedures) performed as first operator (procedures # not in bold are the maximum number of extra cases you may add)

***A template for Ablation procedures 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							
30							
31							
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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86							
87							
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							

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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							
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136							
137							
138							
139							
140							
141							
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144							
145							
146							
147							
148							
149							
150							

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Ablation procedures:

Center, City, Country: [REDACTED]

Operator's Name: [REDACTED]

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86							
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101							
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104							
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