



Device Follow-ups

Center, City, Country:

Operator's:

Cardiology Service Director:

Hospital Director:

Name:

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							
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16							
17							

Please make sure to put the procedures in the chronological order



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#	Procedure date	Patient initials	Patient Hosp record #	Device	Result	Complications	Comments
18							
19							
20							
21							
22							
23							
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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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#	Procedure date	Patient initials	Patient Hosp record #	Device	Result	Complications	Comments
52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							

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#	Procedure date	Patient initials	Patient Hosp record #	Device	Result	Complications	Comments
69							
70							
71							
72							
73							
74							
75							
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							

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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							

Please make sure to put the procedures in the chronological order



Device Follow-ups

Center, City, Country: [Redacted]

Operator's: [Redacted] Cardiology Service Director: [Redacted] Hospital Director: [Redacted]

Name: [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)

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#	Procedure date	Patient initials	Patient Hosp record #	Device	Result	Complications	Comments
118							
119							
120							
121							
122							
123							
124							
125							
126							
127							
128							
129							
130							
131							
132							
133							
134							

Please make sure to put the procedures in the chronological order



Device Follow-ups

Center, City, Country:

[Redacted]

Operator's:

Cardiology Service Director:

Hospital Director:

Name:

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

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Center, City, Country:

Operator's: Cardiology Service Director: Hospital Director:

Name:

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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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Name:

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

Please make sure to put the procedures in the chronological order



Device Follow-ups

Center, City, Country:

Operator's: Cardiology Service Director: Hospital Director:

Name:

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

Please make sure to put the procedures in the chronological order



Device Follow-ups: ICDs

Center, City, Country:

Operator's: Cardiology Service Director: Hospital Director:

Name:

Please indicate at least 40 ICDs 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							
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17							

Please make sure to put the procedures in the chronological order



Device Follow-ups: ICDs

Center, City, Country:

Operator's: Cardiology Service Director: Hospital Director:

Please indicate at least 40 ICDs 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
18							
19							
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29							
30							
31							
32							
33							
34							

Please make sure to put the procedures in the chronological order



Device Follow-ups: ICDs

Center, City, Country: [Redacted]

Operator's: [Redacted] Cardiology Service Director: [Redacted] Hospital Director: [Redacted]

Please indicate at least 40 ICDs 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
35							
36							
37							
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Please make sure to put the procedures in the chronological order



Device Follow-ups: CRTs

Center, City, Country:

Operator's: Cardiology Service Director: Hospital Director:

Name:

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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Device Follow-ups: CRTs

Center, City, Country:

Operator's: Cardiology Service Director: Hospital Director:

Name:

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
16							
17							
18							
19							
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