



Device Implantations

Center, City, Country:

Operator's:

Cardiology Service Director:

Hospital Director:

Name:

Please indicate at least 100 implantations* (including 20 ICDs and 10 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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#	Procedure date	Patient initials	Patient Hosp record #	Device	Result	Complications	Comments
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							

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#	Procedure date	Patient initials	Patient Hosp record #	Device	Result	Complications	Comments
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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Device Implantation

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Operator's: Cardiology Service Director: Hospital Director:
Name:

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

#	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							

Please make sure to put the procedures in the chronological order



Device Implantation: ICDs

Center, City, Country:

Operator's: Cardiology Service Director: Hospital Director:

Name:

Please indicate at least 20 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							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							

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Device Implantation: ICDs

Center, City, Country:

Operator's: Cardiology Service Director: Hospital Director:
Name:

Please indicate at least 20 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							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							

Please make sure to put the procedures in the chronological order

Device Implantation: ICDs

Center, City, Country:

Operator's: Cardiology Service Director: Hospital Director:

Name:

Please indicate at least 10 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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