MGH DACCPM Perioperative EP Training Interrogation Document Date:							
Physician Name:							
Circle either Pacer or ICD, the Manufacturer, site of observation, and write the pacing mode. Supervisor							
1. Pacer	ICD Med	ltron Bost Sci	St Jude	Biotronik	OR EP	Pacing Mode	·
2. Pacer	ICD Med	ltron Bost Sci	St Jude	Biotronik	OR EP	Pacing Mode	
3. Pacer	ICD Med	ltron Bost Sci	St Jude	Biotronik	OR EP	Pacing Mode	
4. Pacer	ICD Med	ltron Bost Sci	St Jude	Biotronik	OR EP	Pacing Mode	
5. Pacer	ICD Med	ltron Bost Sci	St Jude	Biotronik	OR EP	Pacing Mode	

Medtron Bost Sci St Jude Biotronik

Pacing Mode____

OR EP

20. Pacer ICD