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

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