

Sample Case Log

Requirement 5: Practice Experience

Transthoracic Examinations

Examinations performed and Interpreted

Physician's Full Name: _____

Physician's Date of Birth: _____

Attestation: I attest that this is an accurate recording of the cases performed and interpreted by myself and are complete critical care transthoracic echocardiograms.

Applicant's Signature: _____

Date: _____

Number	Date Performed	Indications	Findings	Diagnosis
<i>Example</i>	MM/DD/YY	Hypotension	Hyperdynamic LV, Normal Valve Function, LVOT VTI of 23cm	Septic Shock

