

Sample Case Log

Requirement 5: Practice Experience

Transesophageal 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 transesophageal echocardiograms.

Applicant's Signature: _____ **Date:** _____

Number	Date Performed	Indications	Echo Findings	Clinical Diagnosis
<i>Example</i>	MM/DD/YYYY	Hypotension	Mitral Valve Vegetation	Cardiogenic Shock
<i>Example</i>	MM/DD/YYYY	Stroke	Left Atrial Thrombus	MCA CVA
<i>Example</i>	MM/DD/YYYY	Respiratory Failure	Decreased Ejection Fraction	Cardiogenic Pulmonary Edema
1				
2				
3				
<i>(continue numbering)</i>				