SUNY Upstate University Hospital

Robotics Procedure Tracking Form

(20 Consecutive Cases since last appointment)

Name: _____

	Case #	Procedure	Detail	Complications / Notes
1			**Patient #:** **Date:**	◯ **Yes (please explain): _____** **_____** ◯ **No**
2			**Patient #:** **Date:**	◯ **Yes (please explain): _____** **_____** ◯ **No**
3			**Patient #:** **Date:**	◯ **Yes (please explain): _____** **_____** ◯ **No**
4			**Patient #:** **Date:**	◯ **Yes (please explain): _____** **_____** ◯ **No**
5			**Patient #:** **Date:**	◯ **Yes (please explain): _____** **_____** ◯ **No**
6			**Patient #:** **Date:**	◯ **Yes (please explain): _____** **_____** ◯ **No**
7			**Patient #:** **Date:**	◯ **Yes (please explain): _____** **_____** ◯ **No**
8			**Patient #:** **Date:**	◯ **Yes (please explain): _____** **_____** ◯ **No**
9			**Patient #:** **Date:**	◯ **Yes (please explain): _____** **_____** ◯ **No**
10			**Patient #:** **Date:**	◯ **Yes (please explain): _____** **_____** ◯ **No**

11			**Patient #:** **Date:**	◯ **Yes (please explain): _____** **_____** ◯ **No**
12			**Patient #:** **Date:**	◯ **Yes (please explain): _____** **_____** ◯ **No**
13			**Patient #:** **Date:**	◯ **Yes (please explain): _____** **_____** ◯ **No**
14			**Patient #:** **Date:**	◯ **Yes (please explain): _____** **_____** ◯ **No**
15			**Patient #:** **Date:**	◯ **Yes (please explain): _____** **_____** ◯ **No**
16			**Patient #:** **Date:**	◯ **Yes (please explain): _____** **_____** ◯ **No**
17			**Patient #:** **Date:**	◯ **Yes (please explain): _____** **_____** ◯ **No**
18			**Patient #:** **Date:**	◯ **Yes (please explain): _____** **_____** ◯ **No**
19			**Patient #:** **Date:**	◯ **Yes (please explain): _____** **_____** ◯ **No**
20			**Patient #:** **Date:**	◯ **Yes (please explain): _____** **_____** ◯ **No**

I certify that the above accurately reflects the cases and procedures I have performed, and submit the above as documentation of competence for the procedures I am requesting.

_____ _____

Signature **Date**

_____ _____

Approved by Robotics Committee **Date**

_____