## *TEACH PROCEDURE LOG*

**Trainee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Residency**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Date** | **Training Day** | **Clinic** | **Case Number** | **Weeks Gest.** | **Type** | **Trainer Comments and Initials** |
|  | 1 2 3 4  5 6 ADV |  |  |  | MVA / EVA / MED  OBS / ASSIST / ALL / SOLO |  |
|  | 1 2 3 4  5 6 ADV |  |  |  | MVA / EVA / MED  OBS / ASSIST / ALL / SOLO |  |
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