



**Rezüm Procedure
Health Care Practitioner
Training Completion Acknowledgement**

Account #:	n/a
Account Name:	Ospedale Santissima Annunziata di Taranto
Account Address:	Taranto, Italy.
HCP Name:	Prontera Pierpaolo
HCP Email:	[REDACTED]
Boston Scientific Representative:	Joseph Sfeir

TRAINING COMPLETION ACKNOWLEDGEMENT

I, Prontera Pierpaolo (insert HCP name) confirm that I have completed and understood the Rezüm Training Program that has been provided to me on the safe and effective utilization of the Rezüm System for BPH treatment. I will seek additional training or case support from Boston Scientific or its representatives as needed.

_____	DocuSigned by: 	4/7/2022
Trained Health Care Professional	C21A5E44E4A92B7	Date
_____	DocuSigned by: 	4/7/2022
Representative for Boston Scientific	8427EACC14934B4	Date

If not signed electronically, please return this completed form to UroPHMedEd@bsci.com