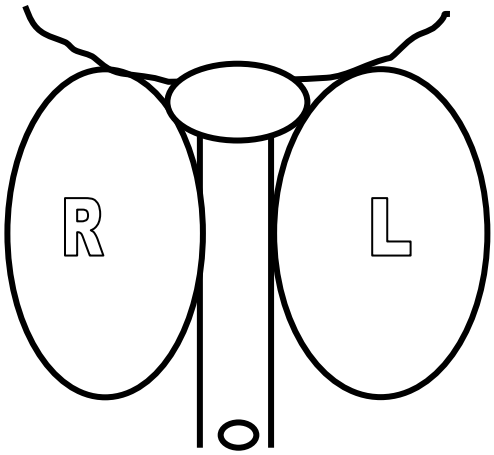
Medtronic

PROSTIVA™ RF Therapy Procedure Worksheet

Patient name _____
Patient ID # _____
Age _____
Doctor _____
Facility _____
Patient temperature _____
Urine dipstick within normal limits? yes no
TRUS yes no
Prostate Volume _____cc or gm
Prostate transverse diameter _____mm
Prostatic urethra length _____cm
Needle length _____mm
Anesthesia _____
# of treatment planes_____
Median lobe treated yes no

Date _____
Cartridge serial number_____



Lesion Information

#1 Location_____
Needle length_____
Target temp. _____
Comments _____

#2 Location_____
Needle length_____
Target temp. _____
Comments_____

#3 Location_____
Needle length _____
Target temp. _____
Comments_____

#4 Location_____
Needle length_____
Target temp._____
Comments _____

#5 Location_____
Needle length _____
Target temp._____
Comments _____

#6 Location_____
Needle length_____
Target temp. _____
Comments _____

#7 Location_____
Needle length _____
Target temp._____
Comments _____

#8 Location_____
Needle length _____
Target temp. _____
Comments _____

#9 Location_____
Needle length _____
Target temp. _____
Comments _____

#10 Location _____
Needle length _____
Target temp. _____
Comments _____

#11 Location _____
Needle length _____
Target temp. _____
Comments _____

#12 Location_____
Needle length _____
Target temp. _____
Comments _____

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