

Site Number: _____ Subject ID: _____

Documentation of Shared Decision Making

☐ N/A, shared decision-making already documented in other medical records

Implanting Physician Name (First Last)

Implanting Physician Specialty

☐ Interventional Cardiology
☐ Electrophysiology

Referring Physician (First Last)

Referring Physician Specialty

Attestation:

Based on my review of the patient's medical history, and in conjunction with a formal and shared decision-making process involving the patient and multidisciplinary team, the patient is suitable for the following:

☐ LAA Closure
☐ Short Term Oral Anticoagulation

Source must be present in Subject Record, or Subject Study Binder to document that INCLUSION 6 has been met. If utilizing this source, i.e., no source in other MR is available, this Attestation Source should be signed by Subject's Implanting Study Investigator or the Principal Investigator

Site Personnel Signature

____/____/_____
Date (DD/MMM/YYYY)