

Rezūm Training Completion  
Acknowledgement2645-003-NT  
Revision D

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

|                                          |                       |
|------------------------------------------|-----------------------|
| <b>Account #:</b>                        | n/a                   |
| <b>Account Name:</b>                     | Medicus Clinic        |
| <b>Account Address:</b>                  | Wroclaw, Poland       |
| <b>HCP Name:</b>                         | Piotr Szulc           |
| <b>HCP Email:</b>                        | urolog@piotrszulc.com |
| <b>Boston Scientific Representative:</b> | Russell Etherington   |

**TRAINING COMPLETION ACKNOWLEDGEMENT**

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

---

 Trained Health Care Professional

---

 Date

---

 Representative for Boston Scientific

DocuSigned by:  
*Russell Etherington*  
 6C637946F091459...

---

 10/21/2020

---

 Date

*If not signed electronically, please return this completed form to [UroPHMedEd@bsci.com](mailto:UroPHMedEd@bsci.com)*