

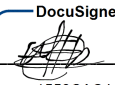
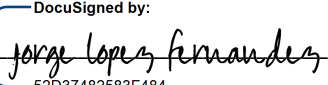
Rezūm Training Completion  
Acknowledgement2645-003-NT  
Revision D

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

<b>Account #:</b>	524324
<b>Account Name:</b>	alphamedic
<b>Account Address:</b>	Costado este H M.peralta, cartago CR
<b>HCP Name:</b>	Mario Herrera
<b>HCP Email:</b>	mario.elias.herrera@gmail.com
<b>Boston Scientific Representative:</b>	jorge lopez fernandez

**TRAINING COMPLETION ACKNOWLEDGEMENT**

I, Mario Herrera (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	<div>DocuSigned by:</div>  <div>1558CAC4104E46B...</div>	<div>10/22/2021</div> <div>Date</div>
Representative for Boston Scientific	<div>DocuSigned by:</div>  <div>52D37482583F484...</div>	<div>10/22/2021</div> <div>Date</div>

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