

## Cardiologist Clearance for MRI Examination: Patient with MRI-Conditional Pacemaker

\*\*Please fax completed form to 620.820.5188\*\*

Patient name:				DOB:		
Referi	ed by:				_	
Device	e Inform	nation:				
Pacemaker: Manufacturer:			cturer:	Product:	Model #:	
Lead I	nforma	tion:				
RA:	yes	no	Manufacturer:	Product:	Model #:	
RV:	yes	no	Manufacturer:	Product:	Model #:	
LV:	yes	no	Manufacturer:	Product:	Model #:	
Is the	patient	pacema	aker dependent? Yes N	0		
] ] ]	<ul> <li>SureScan leads)</li> <li>The patient has a complete ASSURITY MRI Pacing system (consisting of MRI Assurity IPG and one, two or three Tendril MRI pacing leads)</li> <li>The pacemaker system has been implanted for more than six weeks</li> <li>The pulse generator was implanted in the pectoral region</li> <li>The patient does not have any other previously implanted (active or abandoned) medical devices, leads, lead extenders, or lead adaptors</li> </ul>					
Γ	☐ Leads are electrically intact (impedance between 200 and 1500 ohms)					
[	☐ There are no broken leads or leads with intermittent electrical contact as confirmed by lead impedance history					
[	There is no diaphragmatic stimulation at a pacing output of 5.0 V and at a pulse width of 1.0 ms in patients whose device will be programed to an asynchronous pacing mode when MRI <b>SureScan</b> is ON					j
[			diaphragmatic stimulation at a pa to an asynchronous pacing mode		e width of 1.0 ms in patients whose device will be	j
Comn	nents: _					
Cardio	ologist S	Signatur	e:		Date:	