

Ordering Physician:	Date/Time:
Physician Office Number:	Physician Fax Number:
Patient Name:	Date of Birth:

**PATIENT
INFORMATION**

**YOU MUST
BRING THIS
FORM WITH
YOU ON THE
DAY OF YOUR
EXAM**

CALL
RADIOLOGY
SCHEDULING
703-558-8500
TO SCHEDULE
OR CANCEL AN
APPOINTMENT

THIS FORM MAY
BE FAXED IN
ADVANCE TO
703-358-9638

Cardiology orders for device programming:

1. The patient was reviewed for the following: **(CHECK OFF EACH ITEM)**

- Revo MRI™ Pacing System has been implanted for more than 6 weeks
- Device was implanted in the pectoral region
- Leads are electrically intact (impedance between 200 and 1,500 ohms)
- No broken leads or leads with intermittent electrical contact as confirmed by lead impedance history
- No diaphragmatic stimulation at a pacing output of 5.0V and at a pulse width of 1.0 ms in patients whose device will be programmed to an asynchronous pacing mode when MRI SureScan is On
- Atrial and Ventricular thresholds do not exceed 2.00V at 0.4 ms

Check one

- No additional active implantable devices, abandoned leads or wires, lead extenders, or adapters are present

OR

- PA/Lateral Chest X-ray to exclude additional implantable devices, abandoned leads or wires, lead extenders, or adapters
(for Radiologist to check)

2. Patient SureScan® programming during the scan guidelines: (PLEASE CHECK ONE)

Pacing Mode: DOO AOO VOO ODO

Pacing Rate: _____ bpm

3. Post-scan program MRI SureScan® to Off. Check the pacing capture threshold to ensure that there is a proper safety margin.

The SureScan® programmer printout and this signed order form documents that this patient and the pacemaker are prepared for the MRI scan.

Cardiologist Signature: _____ Date: _____