

Cardiology Order	
Ordering Physician Signature:	Date and Time:
Phone Number:	Fax:

Patient Information

Patient Name:	
Phone Number:	DOB:
<p>Cardiology orders for device programming:</p> <p>1. The patient was reviewed for the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A ProMRI® pacemaker or ICD system has been implanted pectorally <input type="checkbox"/> Leads have been implanted for at least six weeks <input type="checkbox"/> No additional active or abandoned cardiac implants like leads or wires, lead extenders or adapters are present <input type="checkbox"/> Other active or passive implants are permitted if MR-conditional <ul style="list-style-type: none"> ▪ Metal implantable devices larger than 5 cm are 4 cm or greater distance from the ProMRI® lead <input type="checkbox"/> Device threshold does not exceed 2.0 V at 0.4 ms pulse width <input type="checkbox"/> Device is functioning normally <input type="checkbox"/> The battery status is neither ERI nor EOS 	
<p>2. The patient's ProMRI® system will be programmed to a mode suitable for MRI. (Please check box)</p> <p>Pacing Mode: <input type="checkbox"/> D00 <input type="checkbox"/> A00 <input type="checkbox"/> V00 <input type="checkbox"/> Off</p>	
<p>Pacing Rate: _____ bpm</p> <p>Other: _____</p>	
<p>Post-scan, program "Restore" parameters. Check the pacing capture threshold to ensure a proper safety margin.</p>	
<p>Printed verification that the device is programmed to the ProMRI® mode and this signed order form documents that this patient and the system are prepared for the MRI scan.</p>	

Details on these conditions and requirements can be found in the BIOTRONIK ProMRI® System Technical Manual or visit www.biotronikusa.com/promri