

CARDIOLOGY ORDER FORM

Medtronic SureScan™ Pacing, ICD, and CRT-D

Patient Name: _____

DOB: _____

1. Your patient has an MRI ordered. Please confirm that your patient has a Medtronic SureScan Pacing/ICD/CRT-D System, with SureScan lead(s). (Refer to <http://wwwp.medtronic.com/mrc> for a current listing of Medtronic MR-Conditional products. Note: Only CRT-D systems may have a 6725 pin plug used in the atrial port as part of an MR-Conditional system.)
 YES, my patient has a complete Medtronic SureScan Pacing/ICD/CRT-D System and it has been implanted longer than 6 weeks in the pectoral region (Revo MRI™ IPG) or post-lead maturation period of approximately 6 weeks (all others).
 NO, my patient does not have a complete SureScan IPG/ICD/CRT-D System.
2. Please confirm your patient's leads are electrically intact. (For pacemakers: atrial and ventricular lead impedance 200-1,500 ohms. For ICDs and CRT-D devices: pacing lead 200-3,000 ohms, defibrillation lead impedance 20-200 ohms.)
 YES, I confirm that my patient's lead(s) are electrically intact.
 NO, my patient's lead(s) are not electrically intact.
3. Confirm your patient's pacing threshold(s) do not exceed 2.0 V at 0.4 ms for Revo Pacing system, or right ventricular pacing threshold does not exceed 2.0 V at 0.4 ms for pacemaker dependent patients for all other systems.
 YES, I confirm that my patient's threshold(s) do not exceed 2.0 V at 0.4 ms.
 NO, my patient's threshold(s) exceed 2.0 V at 0.4 ms.
4. Before the scan, your patient's IPG/ICD/CRT-D will be placed in a SureScan mode. How would you like your patient's device to be programmed? Please select a pacing rate to avoid competitive pacing. (Note that post-scan, device programming will be restored to original settings.)
 DOO Pacing rate: _____ bpm AOO Pacing rate: _____ bpm
 VOO Pacing rate: _____ bpm ODO or OVO
(no pacing, for patients who do not require pacing support)

Physician Signature: _____

Physician Name: _____

Date: _____