

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

Patient Information

Patient Name:	
Phone Number:	DOB:
Cardiology orders for device programming: 1. The patient was reviewed for the following: ☐ A ProMRI® pacing system (Eluna or Entovis SR-T or DR-T and 53 cm or 60 cm Setrox lead(s)) has been implanted pectorally ☐ Leads have been implanted for at least six weeks ☐ No additional active or abandoned cardiac implants like leads or wires, lead extenders or adapters are present ☐ Other active or passive implants are permitted if MR-conditional ▪ Other active medical devices are ≥ 4cm distance from ProMRI® system ☐ Measured pacing threshold does not exceed 2.0 V at 0.4 ms pulse width ☐ Pacing system is functioning normally ☐ The battery status is neither ERI nor EOS	
2. The patient's ProMRI® pacemaker will be programmed to a mode suitable for MRI. (Please check box) Pacing Mode: ☐ D00 ☐ A00 ☐ V00 ☐ Off	
Pacing Rate: _____ bpm Other: _____	
Post-scan, program "Restore" parameters. Check the pacing capture threshold to ensure that there is a proper safety margin.	
Printed verification that the device is programmed to the ProMRI® mode and this signed order form documents that this patient and the pacing system are prepared for the MRI scan.	

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