

IMAGEREADY[™]

MR-Conditional Pacing System

Cardiology Order Form

Patient name:		Date of Birth:
Pacemaker Model:	RV Lead Model:	Atrial Lead Model:
undergo an MRI scan:1. Please confirm that your patier	nt has a complete ImageReady MR-Cond	ditions of Use must be met in order for your patient to ditional Pacing System, defined as a Boston Scientific th all ports occupied by a lead or port plug.
Resources: • Boston Scientific	MRI Technical Guide, ImageReady MR-Cor	nditional Pacing System • www.BostonScientific.com/imageready
		stem in the left or right pectoral region and at least six (6) weeks lification of the MR-Conditional Pacing System.
□NO, my patient does not have	a complete ImageReady MR-Conditional	Pacing System.
2. Does your patient have any car MR-Conditional Pacing System Yes No		ents, or accessories present other than an ImageReady
3. Does your patient have any ab ☐Yes ☐No	andoned leads or pulse generators?	
4. Does your patient have eviden within normal range)? ☐ Yes ☐ No	ce of a fractured lead or compromised pu	ulse generator-lead system integrity (lead impedances are not
5. Does your patient have an elev ☐Yes ☐No	vated body temperature or compromised	thermoregulation at the time of the scan?
6. If your patient is pace-depended ☐ Yes ☐ No ☐ NA	ent, is the pacing threshold ≤ 2.0 V?	
7. Before the scan, your patient's to be programmed?	pacemaker will be placed in an MRI Prot	tection Mode. How would you like your patient's pacemaker
DOO (Bipolar) Pacing rate:	ppm	rate: ppm
□VOO (Bipolar) Pacing rate:	ppm □Pacing Off	
MRI ProtectionTime-out is design of reprogramming. • When the Time-out parame programmed elapses • Warning: If the MRI Protec	eter is programmed to a value other than tion Time-out value of Off is combined w	48 hoursOff eir original pacemaker settings after the scan, without the need Off, the patient must be out of the scanner before the time with a Pacing Mode of Off, the patient will not receive pacing MRI Protection Mode and back to normal operation
Physician Signature:		
Physician name:		
Date:		
Clinic Name:		
Clinic Address:		
This form may contain nations confidential	information. If you recours this form in acres places	do not focused it and contact Poston Colontific Technical Consistent (000) 227 2422

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