

Revo MRI® SureScan® Pacing System

Cardiology Order Form

Patient Name: _____

DOB: _____

1. Your patient has an MRI ordered. Please confirm that your patient has a **Revo MRI SureScan Pacing System** (Revo MRI SureScan IPG Model: **RVDR01** and two CapSureFix® MRI SureScan leads Model: **5086MRI**).

☐ **YES**, my patient has a complete Revo MRI SureScan Pacing System and it has been implanted longer than 6 weeks in the pectoral region.

☐ **NO**, my patient does not have a complete Revo MRI SureScan Pacing System.

2. Before the scan your patient's pacemaker will be placed in a SureScan mode. How would you like your patient's pacer to be programmed?

☐ DOO Pacing rate: _____bpm

☐ AOO Pacing rate: _____bpm

☐ VOO Pacing rate: _____bpm

☐ ODO Pacing rate: OFF

3. Post-Scan, SureScan mode will be turned off and pre-scan pacemaker settings will be restored.

Physician Signature: _____

Physician Name: _____

Date: _____

Please FAX back to: _____