

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 www.MRISureScan.com/modellookup 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 (IPG) or post-lead maturation period of approximately 6 weeks (ICD/CRT-D).
- NO**, my patient does not have a complete SureScan IPG/ICD/CRT-D System.
2. Please confirm your patient's leads are electrically intact.
Pacemakers: atrial and right ventricular lead impedance 200-1,500 ohms.
ICDs and CRT-D devices: pacing lead(s) 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 Pacing/ICD system, or right ventricular pacing threshold does not exceed 2.0 V at 0.4 ms for pacemaker dependent patients for CRT-D system.
- YES**, I confirm that my patient's applicable threshold(s) do not exceed 2.0 V at 0.4 ms.
- NO**, my patient's applicable 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 SureScan mode. How would you like your patient's device to be programmed? Please select a pacing rate to avoid competitive pacing. The patient receives no CRT support while SureScan mode is On. (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: _____

Medtronic
710 Medtronic Parkway
Minneapolis, MN 55432-5604
USA
Tel: (763) 514-4000
Fax: (763) 514-4879

Toll-free: 1 (800) 328-2518
(24-hour technical support for
physicians and medical professionals)

UC201604718 EN © Medtronic 2015.
Minneapolis, MN. All Rights Reserved.
Printed in USA. 12/2015

medtronic.com

Medtronic