

SureScan® Pacing System Cardiology Order Form

Patient Name: _____

DOB: _____

1. Your patient has an MRI ordered. Please confirm that your patient has a **SureScan Pacing System** (Advisa MRI SureScan IPG Model: A2DR01 or Revo MRI SureScan IPG Model: **RVDR01** and two CapSureFix MRI SureScan leads Model: **5086MRI**).

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

NO, my patient does not have a complete 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: _____