

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.

YES, my patient has a complete Revo MRI SureScan Pacing System but it has not been implanted longer than 6 weeks or was implanted somewhere other 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: ____512-380-0552____