

## IMAGEREADY™ MR-Conditional Pacing System

## **Cardiology Order Form**

| Patient name: ————                                                                                                                     |                                                                                                                | Date of Birth:                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pacemaker Model:                                                                                                                       | RV Lead Model:                                                                                                 | Atrial Lead Model:                                                                                                                                                                                                                                                       |
| <ul><li>undergo an MRI scan:</li><li>1. Please confirm that your patie</li></ul>                                                       | ent has a complete ImageReady MF                                                                               | R-Conditional Pacing System, defined as a Boston Scientific and, with all ports occupied by a lead or port plug.                                                                                                                                                         |
| Resources: • Boston Scientific                                                                                                         | MRI Technical Guide, ImageReady N                                                                              | MR-Conditional Pacing System • www.BostonScientific.com/imageready                                                                                                                                                                                                       |
|                                                                                                                                        | •                                                                                                              | cing System in the left or right pectoral region and at least six (6) weeks al modification of the MR-Conditional Pacing System.                                                                                                                                         |
| □NO, my patient does not have                                                                                                          | e a complete ImageReady MR-Cond                                                                                | ditional Pacing System.                                                                                                                                                                                                                                                  |
| 2. Does your patient have any ca<br>MR-Conditional Pacing Syster<br>□Yes □No                                                           | ·                                                                                                              | omponents, or accessories present other than an ImageReady                                                                                                                                                                                                               |
| 3. Does your patient have any ab □Yes □No                                                                                              | oandoned leads or pulse generators                                                                             | 5?                                                                                                                                                                                                                                                                       |
| <ol> <li>Does your patient have evider within normal range)?</li> <li>□Yes □No</li> </ol>                                              | nce of a fractured lead or comprom                                                                             | ised pulse generator-lead system integrity (lead impedances are not                                                                                                                                                                                                      |
| 5. Does your patient have an ele ☐Yes ☐No                                                                                              | vated body temperature or compro                                                                               | omised thermoregulation at the time of the scan?                                                                                                                                                                                                                         |
| 6. If your patient is pace-depend ☐Yes ☐No ☐NA                                                                                         | dent, is the pacing threshold $\leq 2.0 \text{ V}$                                                             | /?                                                                                                                                                                                                                                                                       |
| 7. Before the scan, your patient's to be programmed?                                                                                   | s pacemaker will be placed in an M                                                                             | IRI Protection Mode. How would you like your patient's pacemaker                                                                                                                                                                                                         |
| □DOO (Bipolar) Pacing rate:                                                                                                            | ppm                                                                                                            | Pacing rate: ppm                                                                                                                                                                                                                                                         |
| □VOO (Bipolar) Pacing rate:                                                                                                            | ppm □Pacing Off                                                                                                |                                                                                                                                                                                                                                                                          |
| MRI ProtectionTime-out is design of reprogramming.  • When the Time-out paraming programmed elapses  • Warning: If the MRI Protections | ned to make sure patients will retuineter is programmed to a value othe<br>ction Time-out value of Off is comb | m to their original pacemaker settings after the scan, without the need er than Off, the patient must be out of the scanner before the time bined with a Pacing Mode of Off, the patient will not receive pacing out of MRI Protection Mode and back to normal operation |
| Physician Signature:                                                                                                                   |                                                                                                                |                                                                                                                                                                                                                                                                          |
| Physician name:                                                                                                                        |                                                                                                                |                                                                                                                                                                                                                                                                          |
| Date:                                                                                                                                  |                                                                                                                |                                                                                                                                                                                                                                                                          |
| Clinic Name:                                                                                                                           |                                                                                                                |                                                                                                                                                                                                                                                                          |
| Clinic Address:                                                                                                                        |                                                                                                                |                                                                                                                                                                                                                                                                          |
| Clinic Phone:                                                                                                                          |                                                                                                                |                                                                                                                                                                                                                                                                          |

This form may contain patient confidential information. If you receive this form in error, please do not forward it and contact Boston Scientific Technical Services at (800) 227-3422.