

Cardiac Implanted Electronic Device MR Approval Form

St Vincents Riverside Southside Clay St Johns Imaging Center

Patient Name: _____ MMI: _____ DOB: _____

Type of MR exam: _____ Indication: _____

Ordering Clinician: _____ Tech Completing Form: _____

To be Completed by the MR Technologist :

Manufacturer / model number of pacemaker/defibrillator: _____

Manufacturer / model number of leads: _____

Are the generator/leads combination conditional or nonconditional? _____

Date of pacemaker/defibrillator implantation and hospital name: _____

Physician who implanted the pacemaker/defibrillator: _____

Other info: _____

- Y N Has the patient undergone a MR exam since the pacemaker/defibrillator was implanted?
- Y N If yes, did any issues occur during the MR exam?
- Y N Does the patient have the pacemaker/defibrillator ID card?
- Y N Pacemaker/defibrillator researched on www.magresource.com and/or www.mrisafety.com?
- Y N Pacemaker/defibrillator manufacturer called or website consulted?
- Y N Operative note from implantation surgery available?
- Y N Can the MR conditions for the pacemaker/defibrillator be met on particular MR scanner?

To be Completed by the Radiologist :

- Y N Are there any abandoned, broken or permanent epicardial device leads on a CXR?
- Y N NA For nonconditional CIEDs, is MR the most appropriate imaging exam to answer the clinical indication?

PROCEED with MR exam

DO NOT PROCEED with MR exam

Radiologist's Signature _____ Printed Name _____ Date _____

It is the responsibility of the MR technologist to adequately research the pacemaker/defibrillator and present finding to the radiologist. It is the radiologist's responsibility to make the final determination of whether to proceed with MR imaging of the patient. Scan this completed form, a copy of the device card and any research material obtained while researching the device into PACS.