Patient MRI Form



Neurology: Please complete this form for your patient to take to the MRI center and make a copy to include in the patient medical file.

Radiology: Using the data from this form, input the model number and implant location in the Determining MRI Scan Conditions tool or refer to latest MRI Instructions For Use (IFU) available online through www.VNSTherapy.com for scan conditions before proceeding with an MRI.

CONTACT INFORMATION	GENERATOR INFORMATION
Patient Name:	Generator Model #
Physician Name:	Generator Serial #
Physician Phone Number:	Implant Location (VNS Therapy system located between C7 and T8 vertebrae)
Clinic Name:	Upper left cheet at
Clinic Address:	or above armpit (above rib 4) Other Locations
Perform the following to prepare th	e patient for an MRI:
Interrogate the VNS Therapy® generator an	
When an interrogation is performed, the generator serial number,	implant date, and stimulation parameters are logged in the programmer database and available to view.
Normal Output Current (mA)	Models 106 and 1000 Only
Signal Frequency (Hz)*	AutoStim Output Current (mA)
Pulse Width (μsec)*	Tachycardia Detection (On/Off)
Signal On Time (sec)*	Model 1000 Only
Signal Off Time (min)*	Low Heart Rate Detection (On/Off)
Magnet Output Current (mA)	Low Heart Rate Threshold (bpm, if on)
Magnet On Time (sec)*	Prone Position Detection (On/Off)
Magnet Pulse Width (μsec)*	Scheduled Programming (On/Off)
*Optional for Model 103 and newer devices	Day-Night Programming (On/Off)
Perform System Diagnostics to ensure proposed Reprogram the VNS Therapy stimulation ou ** For select models with AutoStim Mode	itput to OFF:
Turn off any other optional device features	(Model 1000 only).
Interrogate the generator to verify that the	programming was successful.
Determine if the placement of the VNS The left chest area, above rib 4.	rapy generator is between C7-T8 vertebrae and located in the upper
Instruct the patient to notify the MR system so the operator can terminate the procedur	operator of any pain, discomfort, or other unusual sensations re if needed.
Make an appointment for an office visit follostimulation ON.	owing the MRI procedure to program the VNS Therapy
I have programmed the patient's VNS Therapy stacilitate their MRI scan at your facility.	system OFF on at am/pm to
Signature:	Print Name:

Have questions? Refer to www.easy-mri.com for MRI labeling and safety information OR contact LivaNova Clinical Technical Services at 1-866-882-8804

LivaNova USA, Inc. 100 Cyberonics Boulevard Houston, Texas 77058 Tel: +1.800.332.1375 Fax: +1.281.218.9332 www.VNSTherapy.com LivaNova Belgium NV Ikaroslaan 83 1930 Zaventem Belgium Tel: +32.2.720.95.93 Fax: +32.2.720.60.53 ©2017 LivaNova USA, Inc, a wholly-owned subsidiary of LivaNova PLC. All rights reserved. LivaNova*, AspireSR* and VNS Therapy* are registered trademarks of LivaNova USA, Inc.

