VNS Therapy™

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.livanova.com/epilepsy-vnstherapy/en-gb/hcp/physician-manuals for scan conditions before proceeding with an MRI.

Contact Information

Patient Name: _____

Physician Name: _____

Physician Phone Number: _____

Clinic Name: _____

Clinic Address: _____

GENERATOR INFORMATION

Generator Model # _____

Generator Serial # _____

Implant Location
(VNS Therapy system located between C7 and T8 vertebrae)

☐ Upper left chest at or above armpit (above rib 4)

☐ Other Locations
_____

Perform the following to prepare the patient for an MRI:

☐ Interrogate the VNS Therapy™ generator and record the generator settings
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)	
Signal Frequency (Hz)*	
Pulse Width (µsec)*	
Signal On Time (sec)*	
Signal Off Time (min)*	
Magnet Output Current (mA)	
Magnet On Time (sec)*	
Magnet Pulse Width (µsec)*	

*Optional for Model 103 and newer devices

Models 106, 1000 and 1000-D Only

AutoStim Output Current (mA)	
Seizure Detection (On/Off)	

Optional Device Features Models 1000 and 1000-D only

Low Heart Rate Detection (On/Off)	
Low Heart Rate Threshold (bpm, if on)	
Prone Position Detection (On/Off)	
Scheduled Programming (On/Off)	
Day-Night Programming (On/Off)	

☐ Perform System Diagnostics to ensure proper operation of the generator.

_____ ohms

☐ Reprogram the VNS Therapy stimulation output to OFF:
  • Output current (mA): 0.0
  • Magnet Current (mA): 0.0
  • AutoStim Current** (mA): 0.0 and Seizure detection to OFF
  ** For select models with AutoStim Mode

☐ Turn off any other optional device features (Models 1000 and 1000-D only).

☐ Interrogate the generator to verify that the programming was successful.

☐ Determine if the placement of the VNS Therapy generator is between C7-T8 vertebrae and located in the upper left chest area, above rib 4.

☐ Make an appointment for an office visit following the MRI procedure to program the VNS Therapy stimulation ON as soon as possible.

I have programmed the patient's VNS Therapy system OFF on _____ at _____ am/pm to facilitate their MRI scan at your facility.

Signature: _____ Print Name: _____

Have questions? Refer to www.easy-mri.com for MRI labeling OR contact LivaNova Clinical Technical Services at 1-866-882-8804.
For Important safety information: www.livanova.com/epilepsy-vnstherapy/en-gb/hcp/safety-information.
The device has been evaluated for MRI induced risks, including heating, unintended stimulation, force, torque, device malfunction and device vibration and has been determined to be safe under the conditions specified in labeling; however, the patient may feel sensations of warmth or vibration at the implant site during the MRI scan.

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