

# 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](http://www.VNSTherapy.com) 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 with AutoStim Only

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

Perform System Diagnostics to ensure proper operation of the generator.

Reprogram the VNS Therapy stimulation output to OFF:

\*\* For select models with AutoStim Mode

- Output current (mA): 0.0
- Magnet Current (mA): 0.0
- AutoStim Current\*\* (mA): 0.0 and Seizure\*\* detection to OFF

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.

Instruct the patient to notify the MR system operator of any pain, discomfort, or other unusual sensations so the operator can terminate the procedure if needed.

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

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](http://www.easy-mri.com) for MRI labeling and safety information OR contact LivaNova Clinical Technical Services at 0800 0461355

LivaNova USA, Inc.  
100 Cyberonics Boulevard  
Houston, Texas 77058  
Tel: +1.800.332.1375  
Fax: +1.281.218.9332  
[www.VNSTherapy.com](http://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.

**LivaNova**  
Health innovation that matters

Pt.MRIFrm17E1