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
Clinic Name:	(VNS Therapy system located between C7 and T8 vertebrae) Upper left chest at Other Locations
Clinic Address:	or above armpit (above rib 4)
Perform the following to prepare the patient for an MRI:	
Interrogate the VNS Therapy™ generator and record the generator settle When an interrogation is performed, the generator serial number, implant date, and stimulation parameters.	
Normal Output Current (mA)	106, 1000 and 1000-D
Signal Frequency (Hz)*	m Output Current (mA)
Pulse Width (µsec)*	ardia Detection (On/Off)
Signal On Time (sec)* Models	1000 and 1000-D
Signal Off Time (min)*	art Rate Detection (On/Off)
Magnet Output Current (mA)	art Rate Threshold (bpm, if on)
Magnet On Time (sec)*	Position Detection (On/Off)
Magnet Pulse Width (μsec)*	oled Programming (On/Off)
*Optional for Model 103 and newer devices Day-Nig	ght Programming (On/Off)
Perform System Diagnostics to ensure proper operation of the genera	itor.
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 Tachycardia** detection to OFF	
Turn off any other optional device features (Models 1000 and 1000-D)).
Interrogate the generator to verify that the programming was success	sful.
Determine if the placement of the VNS Therapy generator is between chest area, above rib 4.	C7-T8 vertebrae and located in the upper left
Make an appointment for an office visit following the MRI procedure t	to program the VNS Therapy stimulation ON.
I have programmed the patient's VNS Therapy system OFF onat your facility.	at am/pm to facilitate their MRI scan
Signature: Print Name	e:

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 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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