

What previous imaging was performed on the patient related to the clinical question?

What type of MRI is being requested?

How might this MRI significantly impact the patient's care?

Have you spoken to the patient, are they willing to have an MRI?

Are they able to consent themselves? If not who will provide consent for an MRI?

What is the date of the most recent interrogation of the device?

Where was the interrogation performed?

Please print the name and number of the **consulting attending** who has reviewed this form and would be available to discuss the case.

Name \_\_\_\_\_ Number \_\_\_\_\_

E-mail \_\_\_\_\_

## Screening Form for patients with standard pacemaker needing an MRI

- Please complete this form and send with the imaging order.
- Please include contact name, phone number and email of the ordering provider.
- Filling this form out will considerably expedite the process helping to improve patient care and patient outcome.
- Once received, this form will be reviewed by Dr. Blichick and the divisional attending for radiology. The ability to perform an MRI will be considered based on all information included on this screening form.
- In case of additional questions please call 434-243-6348 to speak with Marianne.

**\*\*MRI in patients with conditional devices are usually offered on a non-emergent basis during routine hours on a case by case basis\*\***

**\*\*MRI scans are not performed emergently, after hours (after 4pm), or on weekends for patients who have any implanted cardiac device\*\***

What is the patient's name, DOB and MRN, if applicable?

Name \_\_\_\_\_  
DOB \_\_\_\_\_  
MRN \_\_\_\_\_

Is the patient pacemaker dependent?

Yes \_\_\_\_\_  
No \_\_\_\_\_

What type of device is implanted, ICD or pacemaker?

Where and when was the device placed?

What is the make and model number of the device?

What previous imaging was performed on the patient related to the clinical question?