

Off Label CIED MRI Consent Form

Completion of this form is required prior to obtaining an MRI scan on patients who have a cardiac implantable electronic device (CIED) that is not MRI Conditional.

Patient Name: _____

MRI examination ordered: _____

Indications for MRI:

Patient Information:

Because you have a cardiac pacemaker or defibrillator that may potentially be harmful, safety measures must be taken to reduce any potential risk before proceeding with an MRI examination. Due to the number and variability of parameters that affect MRI compatibility, neither the safety of patients nor the continued function of devices exposed to MRI cannot be absolutely ensured. MRI systems use powerful electromagnetic fields and radio-frequency pulses that can produce heating, stimulation, and/or movement of the device. These conditions could cause serious injury and/or could potentially be fatal to a patient with certain implants or metal devices. Scanning of non-conditional (non-approved) devices is an off-label use and may void the manufacturer's warranty.

Acknowledgement and Signature

I have received and read the above information about metal devices and implants and MRI. I have discussed the risks, benefits, and alternatives with my physician who has answered all my questions. I understand the potential risks and agree to proceed with the MRI scan.

Patient/Representative

Date

Cardiologist

Date

Witness

Date