

# Magnetic Resonance Imaging (MRI) Exam Form

## For Neuro Zti and Digisonic® SP cochlear implant systems

**Radiology department:** Please fill in this form when dealing with recipients with an Oticon Medical implantable device and fax it to Oticon Medical CI headquarters (+33 (0)4 93 95 38 01) for approval **BEFORE** performing any MRI exam.

**Note:**

- It is imperative that the instructions included in this MRI Exam Form and in the MRI Exam Instructions for Use (available on [www.oticonmedical.com](http://www.oticonmedical.com), under Downloads section) are fully applied.
- If additional clarification or assistance is needed, please contact Oticon Medical CI customer service (Monday to Friday): +33 (0)4 93 95 18 18.

**Patient information**

Full name: ..... Age: .....  
 Implant serial number (Right ear): ..... Implant serial number (Left ear): .....  
 .....  
 Date of implantation (Right ear): ..... Date of implantation (Left ear): .....  
 .....

**MRI exam information**

Name of hospital: ..... MRI machine manufacturer: .....  
 City: ..... Country: ..... Type: .....  
 Telephone: ..... Field Force: .....  
 Fax: ..... Anatomical region to be scanned: .....  
 Radiology department: .....

**Certification**

I, the undersigned (Radiologist's Name): .....  
 .....  
 hereby certify that I have read and understood the possible risks for the implant and for the patient if the instructions and recommendations included in the Magnetic Resonance Imaging (MRI) Exam recommendations file or in the MRI Exam Instructions for Use are not followed correctly.

Radiologist's Signature: .....  
 Date: .....

**Oticon Medical approval**

In favor of the MRI exam  
 Against the MRI exam  
 Clinical Engineering Department/Name and Signature: .....  
 Date: .....  
 Materiovigilance Manager's Name/Signature: .....  
 Date: .....

**General information to give to the patient**

Oticon Medical's agreement was required before your MRI Exam was performed. Based on the data provided by the radiology department, Oticon Medical gave its favorable or unfavorable agreement on: ..... / ..... / .....

According to the law of the 6th of January 1978 'ON INFORMATION TECHNOLOGY, DATA FILES AND CIVIL LIBERTIES' amended in 2004, you have the right to access and rectify information about yourself, by contacting Oticon Medical directly.

The information collected in this MRI Exam form are subject to an automatic data processing designed to monitor the request. They are intended exclusively for Oticon Medical use.