Medtronic

Patient record for fully implanted InterStim™ neurostimulation systems at End-of-Service (EOS). Enter information and confirm scan eligibility below.

Model 97800, Model 3058, and eligible Model 3023 neurostimulators only: Confirm that the neurostimulator is depleted or at EOS (considered off) prior to the MRI scan by attempting telemetry with the neurostimulator using another programmer or by consulting patient records.

Patient name:	
Clinician name:	
office:	
address:	
phone:	
The abovenamed patient is considered eligible for an MRI scan of the head region only, following all the MRI scan conditions for neurostimulator Model 97800, Model 3058, or eligible Model 3023* only.	
Neurostimulator model number:	Neurostimulator serial number:
	MR Conditional Head Scan Eligible with Transmit/Receive Head Coil Follow the "Head-only eligible MRI scan conditions" of the latest MRI guidelines[1] at www.medtronic.com/mri.
☐	**I confirm the neurostimulator for the abovenamed patient is depleted or at End of Service (EOS) - considered off.**
Clinician signature:	
Form date:	
MRI center: a working patient control device is not required for this patient. If the neurostimulator is depleted or at End-of-Service (EOS), then the neurostimulator is considered off. *Additional eligibility is required for Model 3023 prior to scanning. Consult Table 1 of the latest MRI guidelines.	

1. This form has been adapted from Medtronic MRI Guidelines for InterStim™ systems 2025-04-15 M980291A040 Rev A.

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