**Lucas Center Implant & Device Investigation Report Form**

**Lucas Contacts: Karla Epperson (karlae@stanford.edu)**

**Kevin Epperson (kevine3@stanford.edu)**

**Planned Date of Scan: Group ID:**

**Anatomy to be Scanned: Age of patient:**

**Lucas Magnet:**  3T1 PET-MR 3T2 3T3 7.0T

**Researchers Name:**

Patient implant & device cards are often provided to the patient by the manufacturer.

Please make copies of both sides of this card to assist us in determining if the MR safety

conditions will allow the patient to be scanned at the Lucas Center.

Original package information from the surgeon is also sometimes provided.

For additional information, contact the manufacturer directly or visit their website.

**\* Do Not Accept a Verbal Reply – You must get obtain details in print or writing.\***

**\*The decision for the patient to undergo a scan at the Lucas Center made by Karla Epperson.\***

1. **Name of Implant / Device:**

**Name of Manufacturer:**

**Type, model, serial #:**

**Material Composition:**

**Date Surgically placed:**

**Name of Surgeon:**

**Hospital:**

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