Deep Brain Stimulation (DBS) Device Information

Patient Name: _____

Date of Birth: _____

MRN: _____

Do I have a Deep Brain Stimulation (DBS) device? ☐ Yes ☐ No
If yes, please complete the information below.

Surgery and Device Details: _____

Movement Disorder Neurologist: _____

Movement Disorder Neurologist Phone: _____

Neurosurgeon: _____

Date of Implantation: _____

Manufacturer: _____

Product Name (IPG Model): _____

Device Representative Name: _____

Device Representative Phone: _____

Device Details

Lead Location: ☐ Right Brain ☐ Left Brain

Battery Type: ☐ Rechargeable ☐ Non-rechargeable

Battery Location: ☐ Right Chest ☐ Left Chest ☐ Other: _____

Date of Last Battery Replacement: _____

DBS Safety Considerations

For device-specific instructions related to diagnostic or therapeutic procedures, contact the **device manufacturer or the patient's movement disorder neurologist/neurosurgeon.**

This includes, but is not limited to:

- MRI
- Electrocautery
- Laser procedures
- Diathermy
- Lithotripsy

DBS may create artifacts on **EKG** and **EEG** reports. If either study is clinically important, contact the patient's neurologist and/or device representative to determine whether DBS can be temporarily deactivated during the study.

Avoid sudden cessation of DBS stimulation.

Contact the device manufacturer for assistance and specific instructions regarding device management, MRI safe mode, and turning the device on or off, including for surgical procedures.

The patient may have their own device programmer.