

**For office use only**

Cremation number: \_\_\_\_\_

# Pacemakers and Fixion Form

Name of deceased: \_\_\_\_\_

**Important:** Pacemakers or 'Fixion' intramedullary nailing system can cause an explosion if left in a body which is cremated. Radio-active implants are a health hazard.

**Please circle answer the following questions:**

1) Has the deceased been fitted with a cardiac pacemaker? **Yes or No**

If yes, has it been removed? **Yes or No or Not applicable**

2) Does the deceased have a radio-active implant or any other hazardous device (for example Fixion intramedullary nailing system)? **Yes or No**

If Yes has it been removed? **Yes or No or Not applicable**

If yes, we may ask for more information before cremation can take place.

**Cremation will be refused if a pacemaker or 'Fixion' intramedullary device is not removed or made safe**

**To be completed and signed by the medical practitioner who completes Form B or the Coroner.**

Signed: \_\_\_\_\_