Sunrise Imaging
Diagnostic imaging across South Florida

MRI scheduling (954) 555-0142
Fax (954) 555-0143
Sunrise · Miami · Boca Raton · West Palm Beach

MRI safety screening form

The MRI scanner is a very strong magnet, and it is always on. Some implants, devices and metal can move, heat up or stop working near it. Your answers tell us how to scan you safely. We will go through them with you again before your scan.

Answer every question. Tick yes or no. Please don't leave any blank.

Not sure? Tick yes. Tell us what you know and we will check it with you.

Have a device card? Bring it, or a photo of it, to your appointment.

Please call us before your appointment day if you have a pacemaker or defibrillator, a brain aneurysm clip, a cochlear implant, a nerve or spinal cord stimulator, an implanted pump, or have ever had metal in your eye. Many of these can still be scanned, but we need time to check the device first.

1 ABOUT YOU

FULL NAME _____ DATE OF BIRTH _____

TODAY'S DATE _____ WEIGHT (LB) _____ HEIGHT _____ PHONE _____

EXAM YOU ARE BOOKED FOR _____ DOCTOR WHO ORDERED IT _____

WHO IS FILLING IN THIS FORM?

☐ The patient ☐ Parent or guardian ☐ Healthcare proxy or family member

☐ Other: _____ Relationship: _____

2 YOUR HEALTH HISTORY

	QUESTION	YES	NO
2.1	Have you ever had surgery or an operation of any kind? If yes, list each one with the year on page 2.	☐	☐
2.2	Have you had an MRI before? If yes: when, where, and did anything go wrong? _____	☐	☐
2.3	Have you ever been injured by metal: a bullet, shrapnel, BB, or a metal splinter?	☐	☐
2.4	Have you ever had metal in your eye, or worked with metal (welding, grinding, machining)? If yes: was the metal removed? ☐ Yes ☐ No ☐ Not sure	☐	☐
2.5	Have you ever had a reaction to MRI contrast (gadolinium) or any other contrast dye?	☐	☐
2.6	Do you have kidney disease, a kidney transplant, or are you on dialysis?	☐	☐
2.7	Are you pregnant, or could you be? Are you breastfeeding?	☐	☐
2.8	Are you uncomfortable in small or enclosed spaces?	☐	☐
2.9	Have you swallowed a camera capsule (pill camera) in the last two months?	☐	☐

Sample form. Sunrise Imaging is a fictional imaging center; its names and numbers are invented. Adapt this form with your MR Medical Director before using it with patients. It follows the screening process in the ACR Manual on MR Safety (2024) but is not an ACR form.

From the Alpha Nodus Learning Library
alphanodus.com/learn

Implants, devices and metal

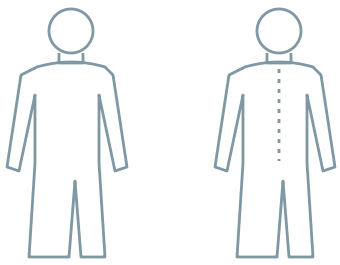
Do you have any of these in or on your body? Tick yes for anything you have now, or have had and are not sure was removed.

3 IMPLANTS AND DEVICES

	DEVICE	YES	NO
3.1	Pacemaker, defibrillator (ICD), or leftover heart wires	☐	☐
3.2	Implanted heart monitor or loop recorder	☐	☐
3.3	Heart valve replacement or repair ring	☐	☐
3.4	Stent, filter or coil in a blood vessel	☐	☐
3.5	Brain aneurysm clip	☐	☐
3.6	Nerve stimulator: brain, spinal cord, vagus or bladder	☐	☐
3.7	Bone growth stimulator	☐	☐
3.8	Cochlear implant or implanted hearing device	☐	☐
3.9	Shunt for brain fluid, especially an adjustable one	☐	☐
3.10	Insulin pump, other drug pump, or port	☐	☐
3.11	Eye implant, or eyelid weight or spring	☐	☐
3.12	Breast tissue expander	☐	☐
3.13	Joint replacement, or rods, plates, screws or pins	☐	☐
3.14	Surgical clips, staples, wire stitches or mesh	☐	☐
3.15	IUD or other birth control implant	☐	☐
3.16	Penile implant	☐	☐
3.17	Magnetic dental implant or magnetic denture	☐	☐
3.18	Any other implant, device, wire or metal in your body	☐	☐

4 TELL US MORE ABOUT EACH YES

DEVICE OR SURGERY	WHERE IN BODY	YEAR	MAKE AND MODEL, IF KNOWN	CARD?



The make and model are often on a wallet card from the hospital that put the device in, or in your surgery paperwork.

Mark an X on the outline where each implant, device or piece of metal is.

5 THINGS THAT COME OFF BEFORE THE SCAN

Tick any you will have with you. We will give you a locker, and you will change into a gown.

- ☐ Hearing aids
- ☐ Glucose sensor or monitor
- ☐ Medicine patch (pain, nicotine, hormone)
- ☐ Dentures, partial plate or retainer
- ☐ Wig, hairpiece or extensions with clips
- ☐ Piercings you cannot take out
- ☐ Tattoos or permanent makeup *(stay on; tell us where)*
- ☐ Makeup, hair spray or body glitter *(please wear none)*

Signatures and staff review

6 YOUR SIGNATURE

I have answered every question on this form as fully and truthfully as I can. I understand the MRI staff will go through my answers with me again, and that I should tell them if anything changes before my scan.

SIGNATURE OF PATIENT, PARENT, GUARDIAN OR PROXY _____ PRINTED NAME _____ DATE _____

INTERPRETER USED? NAME AND LANGUAGE _____ RELATIONSHIP TO PATIENT, IF NOT THE PATIENT _____

7 FOR SUNRISE IMAGING STAFF

SCREEN 1 · BEFORE THE DAY

RECEIVED BY (BOOKING OR FRONT DESK) _____ DATE RECEIVED _____ ANY YES IN SECTIONS 2 TO 4? ☐ No ☐ Yes, sent to MRI lead

RECORDS REQUESTED (OPERATIVE NOTE, IMPLANT CARD, DEVICE CLINIC) _____

IMPLANT DECISION · ONLY IF A DEVICE IS LISTED

DEVICE IDENTIFIED (MAKE AND MODEL) _____ SOURCE OF IDENTIFICATION ☐ Implant card ☐ Operative note ☐ Device clinic ☐ Other

☐ MR Safe ☐ MR Conditional ☐ MR Unsafe

FIELD STRENGTH ALLOWED _____ SAR OR RF MODE LIMIT _____ SCAN TIME LIMIT _____

OTHER CONDITIONS (SPATIAL GRADIENT, POSITIONING, DEVICE MODE) _____ CLEARED FOR THIS SCANNER AND EXAM? ☐ Yes ☐ No ☐ Rebook on another magnet

DECISION BY (MR MEDICAL DIRECTOR OR LEVEL 2 MR PHYSICIAN) _____ DATE _____

SCREEN 2 · ON THE DAY, BEFORE ZONE III

I went through every answer on this form with the patient (or their proxy), confirmed nothing has changed, and checked the patient has changed into a gown and removed the items in section 5.

LEVEL 2 MR PERSONNEL SIGNATURE _____ PRINTED NAME _____ DATE AND TIME _____

FINAL CHECK AT THE SCANNER ROOM DOOR

☐ Done, cleared to enter Zone IV ☐ Stopped: _____

Sample form. Sunrise Imaging is a fictional imaging center. This form is a starting point, not medical or legal advice: your MR Medical Director sets your screening policy. Keep the completed form in the patient's record.