



Pembina High-Field MRI

Same Week MRI

High-Field MRI Referral Form

Patient Name: _____

Date of Birth: _____

Patient Phone Number: _____

Requested Exams (Required): _____

Clinical Information (Required): _____

Referring Physician: _____

Phone Number: _____

Fax Number: _____

Signature: _____

Date: _____

Fax this form to 612-435-9211

Pembina High-Field MRI

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Pembina, North Dakota

701-335-7742

info@pembinamri.com

PembinaMRI.com