



Pembina High-Field MRI

Same Week MRI

High-Field MRI Referral Form

Patient Name: _____

Date of Birth: _____

Requested Exam: _____

Clinical Information: _____

Referring Physician: _____

Phone Number: _____

Fax Number: _____

Signature: _____ Date: _____

Fax this form to 612-435-9211

Pembina High-Field MRI

652 Highway 59

Pembina, North Dakota

701-335-7742

info@pembinamri.com

PembinaMRI.com