

# ProScan Imaging Buffalo MRI Scheduling Form for Canadians

Patient Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Referring Doctor \_\_\_\_\_

## MRI SCAN

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BODY PART \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_

### CLINICAL HISTORY

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Physician's Signature \_\_\_\_\_

[www.proscanbuffalo.com](http://www.proscanbuffalo.com)

716-839-2600