

## MPI Referral List Information

If you have met the requirements for the MPI Referral List by attending the EXT class, MPI Spine, and the 2 Dynamic Movement Assessment classes, please fill out the information below and mail this form and your check to MPI.

Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Email: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Office Website: \_\_\_\_\_

Chiropractic College: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

Year MPI Certified: \_\_\_\_\_

MPI Classes Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please fill out this form and mail to:  
**MOTION PALPATION INSTITUTE**  
**455 Delta Ave, Suite 1**  
**CINCINNATI, OH 45226**

Make your check or money order payable to:  
**Motion Palpation Institute**

Prices:  
**\$60 Dr's & \$30 for Students.**