



# Referral to Mayo Clinic

**Patient Type**    Domestic    International

**Rochester, Minnesota**

Phone Domestic 800-533-1564  
International 507-284-8884  
Fax Domestic 800-321-1368  
International 507-538-7802

**Phoenix/Scottsdale, Arizona**

Phone Domestic 866-629-6362  
International 480-301-6539  
Fax Domestic 480-301-4071  
International 480-301-4071

**Jacksonville, Florida**

Phone Domestic 800-634-1417  
International 904-953-7000  
Fax Domestic 904-953-0575  
International 904-953-7329

## Referring Physician Information

Referring Physician Name		Date (mm-dd-yyyy)
Practice Name		Referring Physician Email
Office Address		City
State (Required for Domestic Patient)	ZIP Code (Required for Domestic Patient)	NPI Number (Required for Domestic Patient)
Phone	Fax	Primary Care Physician (optional)

## Patient Information

Mayo Clinic Number (optional)	Patient Name (First, Middle, Last)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date (mm-dd-yyyy)		Patient Email (optional)	
Address		City	
State (Required for Domestic Patient)	ZIP Code (Required for Domestic Patient)	Country (optional)	
Home Phone	Alternate Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Other	Parent Name (if minor)	
Maiden Name (optional)		Spouse First Name (optional)	
Patient Insurance Information (if available)		Does the patient need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what language?
What is the request related to? <input type="checkbox"/> Motor vehicle accident <input type="checkbox"/> Litigation <input type="checkbox"/> Workers' compensation <input type="checkbox"/> Not applicable			

## Appointment Request

Clinical question to be answered. Submit any pertinent medical records.
Indication or Diagnosis
Specialty Requested

<p>You will receive confirmation once the appointment is scheduled. To refer via our secure online portal, please visit <a href="http://www.mayoclinic.org/medical-professionals">www.mayoclinic.org/medical-professionals</a> and click "Online Referrals." Thank you for referring your patient to Mayo Clinic.</p>	<p><b>Attention Mayo Clinic Staff</b> This form collects information that is not part of the medical record. <b>For local storage only.</b></p>
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