MAYO CLINIC

Referral to Mayo Clinic

Patient Type ☐ Domestic ☐ International

☐ **Rochester, Minnesota**	☐ **Phoenix/Scottsdale, Arizona**	☐ **Jacksonville, Florida**
Phone Domestic 800-533-1564	Phone Domestic 866-629-6362	Phone Domestic 800-634-1417
International 507-284-8884	International 480-301-6539	International 904-953-7000
Fax Domestic 800-321-1368	Fax Domestic 480-301-4071	Fax Domestic 904-953-0575
International 507-538-7802	International 480-301-4071	International 904-953-7329

Referring Physician Information

Referring Physician Name	Date *(Month 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 ☐ Male ☐ Female
Birth Date *(Month DD, YYYY)*	Patient Email (optional)	

Address	City

State *(Required for Domestic Patient)*	ZIP Code *(Required for Domestic Patient)*	Country (optional)

Home Phone	Alternate Phone	☐ Mobile ☐ Work ☐ Other	Parent Name (if minor)

Maiden Name (optional)	Spouse First Name (optional)

Patient Insurance Information (if available)	Does the patient need an interpreter? ☐ Yes ☐ No	If yes, what language?

What is the request related to? ☐ Motor vehicle accident ☐ Litigation ☐ Workers' compensation ☐ Not applicable

Appointment Request

Clinical question to be answered. Submit any pertinent medical records.

Indication or Diagnosis

Specialty Requested

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