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MAYO CLINIC

Referral to Mayo Clinic

Form content retained in medical record.
Route to HIMS Scanning.

TO BE SCANNED

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 Provider Information

Referring Provider Name *(First, Middle, Last)*		Date *(mm-dd-yyyy)*
Practice Name	Referring Provider 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 Provider Name *(First, Middle, Last)* (optional)

Patient Information

Patient Name *(First, Middle, Last)*		Birth Date *(mm-dd-yyyy)*	Mayo Clinic Number
Patient Email (optional)		Sex Assigned at Birth ☐ Male ☐ Female *We understand this question might seem specific, but it is crucial for insurance purposes. It is designed to ensure you receive the most accurate and comprehensive coverage and care.*	
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, visit www.mayoclinic.org/medical-professionals and click "CareLink online referrals."

Thank you for referring your patient to Mayo Clinic.

Print