

## Referral to Mayo Clinic

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

TO BE SCANNED			Р	atient Type	□ Dome	estic 🗆 International			
Phone D Ir Fax D Ir	nternational Iomestic International	800-533- 507-284- 800-321- 507-538-	8884 1368 7802		Domestic Internation Domestic	ale, Arizona 866-629-6362 al 480-301-6539 480-301-4071 al 480-301-4071	I	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  Date (mm-dd-yyyy)									
Releffing Provider Name							Date (mr.	m-aa-yyyy)	
Practice Name						Referring Provider Email			
Office Address							City		
State (required for domestic patient) ZIP Code (required for					quired for do	omestic patient)	NPI Number (required for domestic patient)		
Phone Fax			Fax	Primary Care Provid		Primary Care Provider (d	(optional)		
Patient In	formatio	n			l				
Patient Name (First, Middle, Last)						Birth Date (mm-dd-yyyy)	Mayo Clinic Number		
Patient Email (optional)						I	Sex	Male □ Female	
Address							City		
State (required for domestic patient) ZIP Code (required for d					quired for do	mestic patient) Country (optional)			
Home Phone Alternate Phone						Parent Name (if minor)			
Maiden Name (optional)						Spouse First Name (optional)			
Patient Insurance Information (if available)					Does the patient need an interpreter? If "Yes," what language?  ☐ Yes ☐ No				
What is the re	What is the request related to? ☐ Motor vehicle accident ☐ Litigation ☐ Workers' compensation ☐ Not applicable								
Appointm	ent Requ	iest							
Clinical quest	ion to be ans	wered. Su	bmit any perti	nent medical	records.				
Indication or I	Diagnosis								
Specialty Req	uested								

You will receive confirmation once the appointment is scheduled. To refer via our secure online portal, please visit www.mayoclinic.org/medical-professionals and click "CareLink online referrals." Thank you for referring your patient to Mayo Clinic.

