



Referral to Mayo Clinic

Fax to the desired location:

Rochester, MN

Domestic

Phone 800-533-1564

Fax 800-321-1368

International

Phone 507-284-8884

Fax 507-538-7802

Phoenix/Scottsdale, Arizona

Domestic

Phone 866-629-6362

Fax 480-301-4071

International

Phone 480-301-6539

Fax 480-301-4071

Jacksonville, Florida

Domestic

Phone 800-634-1417

Fax 904-953-0575

International

Phone 904-953-7000

Fax 904-953-7329

Referring Physician Information

Referring Physician's Name			Date (Month DD, YYYY)
Office Address			NPI Number
City	State	ZIP Code	Phone
Fax	Primary Care Physician		

Patient Information

Mayo Clinic Number	Patient Name (first, middle initial, last)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address			County (Optional)
City	State	ZIP Code	Birth Date (Month DD, YYYY)
Home Phone	Alternate Phone (Mobile or Work)	Parent's Name (If minor)	
Maiden Name (Optional)		Spouse's 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?	

Appointment Request

Reason for referral/symptoms/diagnosis (please be specific). Submit any pertinent medical records.
Specialty Requested

You will receive confirmation once the appointment is scheduled.

Thank you for referring your patient to Mayo Clinic.