BOEING CENTER OF EXCELLENCE PROGRAM
HOME PHYSICIAN LETTER OF INTENT TO PROVIDE POST-SURGERY CARE

Note: You must complete this form and return it to Mayo Clinic in Arizona before any procedure can be scheduled under the COE Program.

To ensure the best post op care and outcomes, members must agree to be seen by their local physician for follow-up care following surgery. In addition, the patient's local physician must agree to care for patient upon return home following surgery. By signing this document, you agree to those terms.

Patient Name:	Date of Birth:
Home Address:	
Medical Card ID Number:	
Planned Procedure: (pending final treatment plan)	

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By signing below, the patient agrees to pre-arrange care with the below named physician upon arriving home from surgery.

Patient Signature:	Date:
Physician Name:	
Physician Address:	
Physician Phone Number:	Fax Number:

By signing below, the physician agrees to provide post-surgical care for the patient upon the patient's return home.

Physician Signature:	Date:

Procedures or travel arrangements will not be scheduled until we receive this completed form.
Please fax to 1-480-301-4071

Mayo Clinic 13400 E. Shea Boulevard Scottsdale, Arizona 85054 Phone: 1-877-769-9191
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