Please complete, print and submit. Reset Form

MAYO CLINIC

Colon and Rectal Surgery Referral to Mayo Clinic

Mayo Clinic Colon and Rectal Surgery Fax Referral Line • 507-284-1794

For other non-colorectal surgery referrals to Mayo Clinic, please call 1-800-533-1564 or go to www.mayoclinic.org/medicalprofs-rst/ and download a general referral form.

Referring Physician Information

REFERRING PHYSICIAN'S NAME			DATE (MO-DAY-YEAR)
OFFICE ADDRESS			UPIN #
CITY	STATE	ZIP	TELEPHONE
REPLY TO FAX #	NAME		

Patient Information

FIRST MIDDLE INITIAL LAST Patient Name			SEX ☐ MALE ☐ FEMALE	MAYO CLINIC #
ADDRESS				COUNTY
CITY	STATE	ZIP		DATE OF BIRTH (MO-DAY-YEAR)
HOME TELEPHONE	WORK TELEPHONE	PARENT'S NAME (if minor)		
MAIDEN NAME	SPOUSE'S FIRST NAME			

DOES THE PATIENT HAVE MEDICAL INSURANCE? ☐ YES ☐ NO	DOES THE PATIENT BELONG TO AN HMO? ☐ YES ☐ NO	IS THE PATIENT ON MEDICAL ASSISTANCE (MEDICAID) ☐ YES ☐ NO
IS WORKERS' COMPENSATION OR LITIGATION INVOLVED? ☐ YES ☐ NO	IF YES, PATIENT IS REFERRED FOR — ☐ DISABILITY EVALUATION ☐ TREATMENT/SURGERY	DATE OF INJURY (MO-DAY-YEAR)

Appointment Request

REQUESTED APPOINTMENT ☐ EMERGENT ☐ URGENT (<3 Days) ☐ 4–14 DAYS ☐ ROUTINE	DATE(S) PREFERRED FOR SCHEDULING PARAMETER TO

REASON FOR REFERRAL/SYMPTOMS/DIAGNOSIS (Please be specific and state area of involvement) —

ONSET/DURATION	DATE(S) OF PREVIOUS SURGERIES/PREVIOUS TESTING

SPECIFIC CONSULTANT REQUESTED

Mayo Clinic Reply

APPOINTMENT DATE (MO-DAY-YEAR)	DEPARTMENT / PHYSICIAN

REPORT LOCATION / TIME

NOTES

If the appointment scheduled is more than one week in the future, a letter of confirmation will be mailed to the patient.

Thank you for referring your patient to Mayo Clinic.

Print