Complete and print.

Reset Form

MAYO CLINIC

Referral to Mayo Clinic

TO BE SCANNED

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

Patient Type ☐ Domestic ☐ International

☐ **Rochester, Minnesota**

Phone	Domestic	800-533-1564
	International	+1-507-738-4021
Fax	Domestic	800-321-1368
	International	+1-507-538-7802

☐ **Phoenix/Scottsdale, Arizona**

Phone	Domestic	866-629-6362
	International	+1-507-738-4021
Fax	Domestic	480-301-4071
	International	+1-507-538-7802

☐ **Jacksonville, Florida**

Phone	Domestic	800-634-1417
	International	+1-507-738-4021
Fax	Domestic	904-953-0575
	International	+1-507-538-7802

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
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	Email (optional)
Parent Name (if patient is a 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.

ENTERPRISE: Applies to Mayo Clinic locations in Arizona, Florida, Rochester and Mayo Clinic Health System.

Print

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