



Referral To Mayo Clinic Health System – Franciscan Healthcare

Fax form with copy of insurance card (front & back) and supporting provider note - in order to process

PATIENT INFORMATION (Please print / Do not use label)

<i>Patient Name (First, Middle, Last)</i>		<i>Date of Birth</i>
<i>Address</i>		<i>Gender</i> M or F
<i>City, State, Zip</i>	<i>Home Phone</i>	<i>Other Phone</i>

INSURANCE INFORMATION

<i>Insurance Plan Name:</i>	<i>Guarantor Name:</i>
<i>Subscriber Number for Insurance:</i>	<i>Guarantor DOB:</i>
<i>Subscriber Name:</i>	<i>Guarantor Address:</i>

APPOINTMENT REQUEST INFORMATION (must be filled out)

<i>Location Requested</i>	<i>Department Requested</i>	<i>Specialty Requested</i>	<i>Provider Requested</i>
<i>Appointment Timeline:</i> <i>Urgent (<3 days)</i> <i>4-14 days</i> <i>Routine</i> <i>Other</i> _____			
<i>Chief Complaint (Diagnosis & ICD9) :</i>			
<i>Specific Tests Ordered: (ie. Cardiac: Stress Echo, GXT Neuro: Sleep Study, EEG Radiology: MRI, CT, US)</i>			

REFERRING PROVIDER INFORMATION

<i>Referring Facility Name</i>			
<i>Referring Provider Name</i>	<i>Person Completing Form</i>	<i>Phone for Questions</i>	<i>Fax Number</i>
<i>Email Address:</i>			

ORDER SIGNATURE

_____	____/____/____	_____
<i>Ordering Provider Signature For Diagnostic or Radiology Orders</i>	<i>Date</i>	<i>Time</i>

Fax form with copy of insurance card (front & back) and supporting provider note to:

Patient Referral Department (608) 392-9814 or 1-855-392-9335

Questions can be answered by Patient Referral Department (608) 392-9816 or 1-855-392-8400