



Referral to Mayo Clinic Jacksonville: Transplant Referral

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Primary Care Provider	Specialist
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Fax to desired location

<input type="checkbox"/> Liver Transplant, Hepatology, Hepatobiliary Referrals Phone: 904-956-3309 Fax: 904-956-3221	<input type="checkbox"/> Lung Transplant Referrals Phone: 904-956-3309 Fax: 904-956-3221
<input type="checkbox"/> Heart Transplant Referrals Phone: 904-956-3272 Fax: 904-956-3262	<input type="checkbox"/> Kidney/Pancreas Transplant Referrals Phone: 904-956-3309 Fax: 904-956-3221

Referring Provider Information

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

Patient Information

Mayo Clinic Number	Patient Name (First, Middle, Last)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Address			County (optional)
City		State	ZIP Code
Home Phone	Alternative Phone	Parent Name (if minor)	
Maiden Name		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?	
Is the request related to: <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Litigation <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> N/A			

Appointment Request

Reason for referral/symptoms/diagnosis (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