## **REQUEST FOR MATERIALS**



Date of Request:	
Requestor:	
Name:	
Phone:	
Patient Information:	
Name:	
Date of Birth:	_
Date of Appointment:	
Reason for request:	
Requesting Physician or Department:	
External ID number (i.e. Mayo ID):	
Material requested (provide case# if possibl	e):
☐ Slides (pathology reports will be included with material)	
Send to the following address:	Indicate delivery method:
	$\square$ Call when ready, I will send a courier
	☐ Outreach courier (UMMC, Mayo, Allina)
	☐ FedEx: Account #
	☐ Mail (USPS)

Fax completed form and signed ROI to (612) 863-9489 or email to <a href="mailto:consultcenter@allina.com">consultcenter@allina.com</a>.

Please call (612) 863-5718 with any questions you may have.