



Preferred methods of communication

Supply us with your patient's medical records in one of these ways:

Fax: 216.636.2596

Phone: 216.445.8455

Or mail to:

Cleveland Clinic, T1-203
9500 Euclid Ave.
Cleveland, OH 44195

Asterisk (*) indicates a required field needed to complete the referral request.

Form with multiple sections: Date, Type of Reservation, Purpose, Please Identify the Subspecialist to be Seen*, Reason for Referral, Are you requesting a specific provider?, Patient Name, Street Address, Patient Phone, Insurance Name/Plan, Referring Physician, Past Test Results and Visit Notes Related to this Referral.