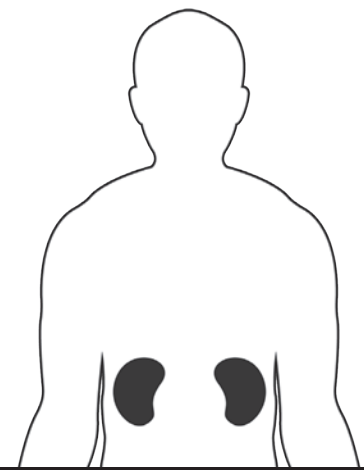


DATE OF REFERRAL:

MONTH	DAY	YEAR



KIDNEY/PANCREAS TRANSPLANT REFERRAL FORM

Kidney
 Kidney & Pancreas
 Pancreas

**IF PATIENT'S DEMOGRAPHIC FORM IS NOT AVAILABLE,
PLEASE FILL OUT THE BELOW INFORMATION:**

REFERRING PHYSICIAN INFORMATION

Name: _____

Date of Birth: _____

Social Security Number: _____

Address: _____
(Street)

(City/State/Zip)

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Male Female

Language: English Spanish Other: _____

Marital Status: _____

Primary Insurance: _____

Secondary Insurance: _____

Please notify Primary Care Physician (PCP) of this referral if this is mandated by the insurance company.

Name: _____

Specialty: _____

Dialysis Center: _____

Address: _____
(Street)

(City/State/Zip)

Phone: _____ Fax: _____

Office Contact: _____

Assessment of referring nephrologist:
 Excellent Good Marginal Unacceptable

PATIENT INFORMATION:

ESRD due to: _____

Height: _____ Weight: _____ BMI: _____

Treatment Modality: HD PD Pre-Dialysis

Days & Shift: _____

1st Date of Dialysis: _____

LIST OF POSSIBLE LIVING DONORS

Name/Relationship:	Phone:
_____	_____
_____	_____
_____	_____

Please fax the following information with this form:

- Patient's demographic form
- Copy of insurance cards (front and back)
- Recent history and physical
- Recent month's labs including C Peptide (pancreas)
- Any cardiology testing
- Recent CXR
- Last two office visits or dialysis run sheets
- Immunizations
- Form 2728

Referral Hotline
 210-567-5777
 or 888-336-9633

Referral Fax
 210-358-0408

Referral Address
 4502 Medical Drive, MS 18
 San Antonio, TX 78229

KIDNEY

3-STEP REFERRAL PROCESS

PHYSICIAN OFFICES

1 Complete the Transplant Center's "Referral Form" and submit by:

- **Fax**
210-358-0408
- **Phone**
210-567-5777 or 888-336-9633
- **Internet**
www.UniversityTransplantCenter.com
- **Mail**
4502 Medical Drive, MS 18
San Antonio, TX 78229

Make a photocopy (front and back) of the patient's insurance card. Please specify primary insurance if several cards are provided.

2 Fax or mail insurance information and the following patient information:

Attn: Transplant Center

- Patient's demographic form
- Copy of insurance cards (front and back)
- Recent History and Physical
- Recent month's labs including C Peptide (pancreas)
- Any cardiology testing
- Recent CXR
- Last two office visits or dialysis run sheets
- Immunizations
- Form 2728

3 Once the Transplant Center receives your referral, we will:

1. Contact your office within 48 business hours by phone and e-mail to confirm that we have received your referral.
2. Reconfirm that all appropriate patient information was received.
3. Notify you and your patient of the initial evaluation date.
4. Provide ongoing communication regarding your patient(s).
5. Be here to provide consistent customer service and support!

