



920 N.E. 13th Street | Ste. 2000 | Oklahoma City, OK 73104

Main Clinic: (405) 271-7498 | Fax: (405) 271-4329 | Transplant.Schedulers@OUHealth.com

Liver Transplant / Hepatology Referral

Are you referring this patient for a Liver Transplant Evaluation? ☐ or Hepatology? ☐

Date: _____

This is a non-English speaking patient: ☐ Yes ☐ No

Patient's Name: _____

Male / Female

SSN: _____

Age / DOB: _____

Current Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Cell Phone: _____

Previous Transplant: ☐ Yes ☐ No

Date: _____

Referring Diagnosis: (1) _____

(2) _____

Comments: _____

Insurance:

☐ Medicare

☐ Medicaid

☐ No Insurance / Private Party

☐ Commercial Insurance: _____
(i.e. BC/BS, CIGNA, Aetna)

Please send the following information with the referral form (if available):

☐ Demographics

☐ Psychosocial History

☐ Insurance Info (card front/back)

☐ Hep B Immunization Doc

☐ H&P

☐ Labs (most recent)

☐ Medication List

☐ Office/Clinic/Progress Notes

☐ Radiology & Other Diagnostic Imaging CD/DISKS

REFERRING PHYSICIAN:

Printed Name

NPI #

Email

Mailing Address

City

State

Zip

Office Phone

Office Fax