OU Health
Transplant Institute

920 NE 13th Street | Oklahoma City, OK 73104
Phone (405) 271-7498 | Toll Free (877) 817-6911 | Fax (405) 271-4329

Liver/Transplant Referral - Adult & Pediatric

Are you referring this patient for a Liver Transplant Evaluation? ***YES*** ***NO***

DATE: _____ **This is a Non-English speaking patient:** **YES** **NO**

Patient Name: _____ **SSN:** _____ **Age/DOB:** _____

Male/Female: _____ **Race:** _____

Current Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Phone #'s: **Home:** _____ **Cell:** _____

Previous Transplant: [ ] YES [ ] NO Date: _____

Referring Diagnosis: (1) _____

(2) _____

Comments: _____

_____

_____

Insurance:

Medicare Medicaid No Insurance/Private Pay

Commercial Insurance: _____

(i.e. BC/BS, CIGNA, Aetna)

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

[ ] Demographics
[ ] Insurance info (card front & back)
[ ] H & P
[ ] Office/clinic/progress notes
[ ] Medication list
[ ] Psychosocial History
[ ] Hep B Immunization documentation
[ ] Labs (most recent)
[ ] Radiology & other diagnostic imaging ***CD/DISKS***

REFERRING PHYSICIAN:

NPI:

Printed Name

Mailing address City State Zip

Phone: Fax: