HealthCare

l University of Kentucky A.B. Chandler Hospital
l UK HealthCare Good Samaritan Hospital
l UK HealthCare Ambulatory Services
l UK Dental and Oral Health Clinics

Clinic Location

q Lexington
q Louisville (in collaboration with Norton Healthcare)
q Northern Kentucky

University of Kentucky Transplant Center - LIVER TRANSPLANT AND HEPATOBILIARY SURGERY CONSULTATION FORM

To ensure your request is processed as quickly as possible, please fax this form, any supporting information and your cover sheet to **(859) 257-3644.** To speak with a representative directly, call toll-free (888) 808-3212 (select option 1 when prompted) or in Lexington (859) 323-8500 (select option 1 when prompted). We appreciate your referral and look forward to working with you and your patients.

If available, please provide the following items with this fax:

q Patient demographic sheet
q Medication list
q Radiology testing (MRI, CT Scan, DUS)
q CD copy of images to be mailed
q EGD and colonoscopy
q Recent history and physical and / or discharge summaries
q **Most recent laboratory results, including creatinine, total bilirubin and INR**
q Any previous cardiac testing (EKG,stress test, echo, cath) and chest x-ray
q Copy of insurance cards (front and back)
q Liver work-up labs (serologies, genotype, ferritin levels, etc.)
q Social work notes

Patient Information:	Name:		Date of Birth:
q LiverTransplant / Liver Failure		q Surgical (Hepatobiliary and Liver Lesions)	
Mailing Address:			
City:	State:	Zip:	Phone:
SSN:	Diagnosis:		
Secondary Contact (Name):		Secondary Contact (Phone):	
Maiden Name:		Mother's Maiden Name:	
Interpreter Needed? q Yes q No			

Referring Physician Information:	Specialty:		NPI:
Name:	Phone:		Fax:
Street Address:			
City:	State:	Zip:	County:
Email of Physician:		Contact Person:	

Primary Care Physician Information:	NPI:		
Name:	Phone:		Fax:
Street Address:			
City:	State:	Zip:	County:
Email of Physician:		Contact Person:	

This form can be found online at www.ukhealthcare.uky.edu/transplant/