

Referral Type:

- ☐ Kidney
- ☐ Kidney/Pancreas
- ☐ Pancreas
- ☐ Peritoneal Dialysis Access
- ☐ Vascular Access

TRANSPLANT KIDNEY-PANCREAS REFERRAL

Clinic location: ☐ Lexington ☐ Louisville (in collaboration with Norton Healthcare) ☐ Bowling Green

Preferred method of referral is via EpicCare Link. To access EpicCare Link, please visit: <https://ukhealthcare.uky.edu/providerportal>
To refer a patient to the University of Kentucky Kidney and Kidney/Pancreas Transplant program, please fax this form and your cover sheet to 859-323-1700. To speak with a representative directly, call toll free 866-474-6544 (select option 1 when prompted) or in Lexington 859-323-6544 (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:

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|---|--|---|
| ☐ Patient demographic sheet | ☐ Previous cardiac testing (EKG, stress test, echo, cath) and radiology testing (ultrasound, CT, chest x-ray) | ☐ Recent history and physical and/or discharge summaries |
| ☐ Copy of insurance cards (front and back) | ☐ Copy of images | ☐ Social work notes |
| ☐ Medication list | ☐ Most recent laboratory results | ☐ Copy of the 2728 form |

Patient Information

Last Name		First Name		Middle Initial	Date of birth (month/day/year)	
Mailing address				Email	Social Security Number	
City		State		Zip code	Sex ☐ Male ☐ Female	
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Phone Number		Interpreter Needed ☐ Yes ☐ No		If yes, language needed	Height	Weight

Dialysis Unit Information

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Dialysis Unit		Contact name		Phone Number
				()
Address				Fax Number
City		State	Zip code	County
Dialysis state date:		Dialysis type: ☐ N/A ☐ Hemo ☐ Peritoneal		
On what days of the week does the patient have dialysis? ☐ M ☐ Tu ☐ W ☐ Th ☐ F ☐ Sa ☐ Other				

Referring Physician Information

				()
Physician Name		Contact Name		Phone Number
				()
Physician NPI Number		Email		Fax Number
Address				
City		State	Zip Code	County

This form can be found online at www.ukhealthcare.uky.edu/transplant/
University of Kentucky Transplant Center | 740 S. Limestone, Suite K300, Lexington, KY 40536-0284
Toll free: 866-474-6544 or in Lexington 859-323-6544, option 1 | Fax: 859-323-1700 | Alternate fax: 859-257-8966