UK HealthCare
Lexington, Kentucky

Clinic Location:

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

TRANSPLANT – LIVER AND HEPATOBILIARY SURGERY CONSULTATION

Preferred method of referral is via EpicCare Link. To access EpicCare Link, please visit: https://ukhealthcare.uky.edu/providerportal
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.

☐ Patient demographic sheet	☐ Copy of images	☐ Any previous cardiac testing (EKG, stress test, echo, cath), chest x-ray
☐ Copy of insurance cards (front and back)	EGD and colonoscopy	Liver work-up labs (serologies, genotype, ferritin levels, etc.)
Medication list	Recent H and P and/or discharge summary	Social work notes
MELD Labs	Most recent laboratory results, including creatinine, total bilirubin and INR	

Patient Information: Name: **Date of Birth:**

☐ Liver Transplant / Liver Failure		☐ Surgical (Hepatobiliary and Liver Lesions)	
Mailing Address			Email ( )
City	State	Zip code	Phone Number
SSN:	Diagnosis:		
Secondary Contact (Name/Relationship):		Secondary Contact (Phone):	
	Interpreter Needed ☐ Yes ☐ No	If yes, language needed:	

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

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

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

740 S. Limestone, Suite K300, Lexington, KY 40536-0284
Toll free: 888-808-3212 or Lexington 859-323-8500, option 1 | Fax: 859-257-3644