

To refer a patient, please complete the following form and attach records listed below. We request the following information as soon as possible to minimize any delay in scheduling appointments.

Patient Information:

 DIAGNOSIS

 NAME

DATE OF BIRTH

 ADDRESS

CITY

STATE

ZIP CODE

 HOME PHONE NUMBER

CELL OR ALTERNATE PHONE NUMBER

 SMOKING CESSATION DATE, IF APPLICABLE
Insurance Information: Please attach copy of patient's insurance card.

 PRIMARY INSURANCE NAME

PHONE NUMBER

 POLICY NUMBER

GROUP NUMBER

 SECONDARY INSURANCE NAME

PHONE NUMBER

 POLICY NUMBER

GROUP NUMBER

Referring Physician Information:

 NAME

 ADDRESS

CITY

STATE

ZIP CODE

 PHONE NUMBER

FAX NUMBER

PLEASE ATTACH THE FOLLOWING RECORDS, IF AVAILABLE:**1. Results of:**

- History and physical report (Done within the past 6 months.)
- Blood Type Report (2 reports showing blood type with different draw dates.)
- Previous transplant records to include: tissue typing, biopsies, operative notes
- Cardiac evaluations or testing (Done within the past 12 months.)
- Colonoscopy (50 years old or older. Done within past 5 years)
- Mammogram
- Most recent blood work results (Done within the past 3-4 months.)
- Recent Medication List
- Pap smear
- PSA report (If age 40 years old or older, within the last year)
- PPD-Tuberculosis Test (Done within the past 12 months.)

2. Discharge summaries from most recent hospitalization.**WHERE TO SEND:**

Referral letter documents can be faxed to 410-328-8374. Referral form can be scanned and emailed to transplantappointments@umm.edu

Or mail to: UMMC Division of Transplantation, 29 S. Greene Street, Suite 200, Baltimore, MD 21201

Upon receiving records, we will verify in-network status for insurance and

TALK TO OUR DOCTORS:

You can always call our office at **410-328-5408** and ask to speak directly to any of our transplant physicians.



29 S. Greene Street
 Baltimore, MD 21201
umm.edu/transplant