

To refer a patient, please complete the following form and attach the 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:**

- Most recent history and physical report
- Lab results (Done within the past 6 months.)
- Hepatology records
- Cardiology records
- Recent diagnosis studies (CDs of CT, duplex, MRI)
- Vaccinations
- If history of cancer (Letter from oncologist giving clearance for liver transplant.)
- PAP smear report (Done within the past 12 months.)
- Mammogram report (All females age 40 or older. Done within the past 12 months.)
- Colonoscopy reports (All patients 50 years old or older.)
- Photocopies of health insurance cards (Front and back.)

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

Referral letter documents can be faxed to 410-328-3837.

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 contact patient. We look forward to providing the best care for your patient.



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

TALK TO OUR DOCTORS IN PERSON:

You can always call our office at **410-328-3444** and ask to speak directly to any of our transplant physicians. You can also email them directly at:

Hepatology

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