



## TRANSPLANT Referral/Order Form

This form can be used as a physician order for transplant referral or as a checklist of required information. We are happy to answer any questions about the transplant referral process. Feel free to call one of our coordinators.

Linda Fox: **702-240-8917**

Fatihimia Crockett: **702-240-8777**

### Referral Type:

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Kidney      | <input type="checkbox"/> Heart                 |
| <input type="checkbox"/> Liver       | <input type="checkbox"/> Bone marrow/stem cell |
| <input type="checkbox"/> Lung        |  |
| <input type="checkbox"/> Other _____ |  |

### Refer to the following Sierra-contracted transplant facility:

- USC KECK**
  - o Commercial - liver, heart, heart/lung, lung, kidney, kidney/panc, panc, liver/kidney
  - o Medicaid - liver, kidney, kidney, liver/kidney, BMT/stem cell
- USC KENNETH NORRIS**
  - o All commercial and Medicaid - bone marrow/stem cell
- UMC-LAS VEGAS**
  - o All commercial and Medicaid - kidney only
- LOMA LINDA MEDICAL CENTER** – Hepatology (liver) clinic in Las Vegas
  - o All commercial - liver, heart, kidney
  - o Medicaid - liver only
  - o Peds - heart
- PRIMARY CHILDREN'S HOSPITAL**
  - o Pediatric only - all commercial and Medicaid - heart, liver, kidney, BMY/stem cell
- OTHER FACILITY**
  - o Reason for referral to facility not listed above:  
\_\_\_\_\_

### REFERRALS MUST INCLUDE (IF AVAILABLE)

- CONTACT INFORMATION (direct phone/fax numbers to office staff and referring MD)
- PAST 3 PROGRESS NOTES (recent H&P, list of medications)
- TREATMENT REGIMEN (review of past and current treatment and response)
- CARDIOLOGY AND RADIOLOGY REPORTS
- PAST 3 MONTHS LABS
- BIOPSY AND PATHOLOGY REPORTS
- OTHER PERTINENT INFORMATION (religious and/or cultural limitations)

Physician/NP/PA: \_\_\_\_\_ (signature) \_\_\_\_\_ (print)

NPI: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax transplant referrals to **702-304-7430**.