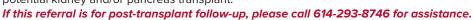
## **Kidney and/or Pancreas Transplant**Physician Referral Form

This referral form is to request a **pre-transplant evaluation** for potential kidney and/or pancreas transplant.





Updated 2/22/2023

Please fill out this form completely, include any clinical documentation relevant to this referral, and fax all documents to **614-293-6710**. Mail any additional imaging CDs and/or documentation to: **300 W. 10th Ave., 11th Floor, Columbus, OH 43210**. To speak with a kidney transplant coordinator, call **800-293-8965**.

Clinical Documentation included

Physician Signature: \_\_

Patient Information	:					
First Name:		Middle Name	:	Last	: Name:	
Gender:	Marital Status:		Last 4-digits SSN#:	Date of Bir	th (mm/dd/yyyy):	BMI:
Primary Phone:	Email: (rec	<mark>quired for virtual edu</mark>	rication) Primary	/ Insurance:	Sec	ondary Insurance:
Street Address:						
City:		State:	Zip:		Country:	
Details:						
Primary Cause of Kidn	ey Failure:	Height:	Weight:			
Patient on dialysis?	_	-	e (current center):		If no, patient's	GFR?
Has a 2728 Form beer Dialysis Center:	n completed? () Ye	es () No <b>in c</b>	<b>omplete, please incl</b> Dialysis Ph			is Fax:
Any issues with patien Does patient agree to Is the patient aware of Referring Provider I	receive blood produ	ucts? Yes	No No specialist? Yes	○ No		
Provider First Name:		NPI Nu	umber:			
Street Address:				City:		State:
Zip:	Phone:		Extension	n:	Fax:	

## **Kidney, Kidney-Pancreas Transplant**

## Physician Referral Form

Page 2 of 2



	Yes	No	Date	Diagnosis	Comments
Cancer	0	0			
HIV	0	0			
diovascular Disease	0	0			
Diabetes	0	0			
Pulmonary Disease	0	0			
Active Untreated Systemic Infection	0	0			
Non-Healing Wound	0	0			
stance Use Disorder	0	0			
Psychiatric Illness	0	0			
Current history and	red for in, if on cet with a physical different treatment of the cess that	dialysis current i Il within ment re ase pro n one y	nsurance information the past 12 months ports for the past 6 wide below information	months, if applicable	d – front and back)
Recent cardiac ech Recent labs	o (less t				