- University of Kentucky A.B. Chandler Hospital
- UK HealthCare Good Samaritan Hospital
- UK HealthCare Ambulatory Services
- UK Dental and Oral Health Clinics

Clinic Location
- ☐ Lexington
- ☐ Louisville (in collaboration with Norton Healthcare)
- ☐ Northern Kentucky

University of Kentucky Transplant Center - LIVER TRANSPLANT AND HEPATOBILIARY SURGERY CONSULTATION FORM

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.

If available, please provide the following items with this fax:

- ☐ Patient demographic sheet
- ☐ Medication list
- ☐ Radiology testing (MRI, CT Scan, DUS)
- ☐ CD copy of images to be mailed
- ☐ EGD and colonoscopy
- ☐ Recent history and physical and / or discharge summaries
- ☐ **Most recent laboratory results, including creatinine, total bilirubin and INR**
- ☐ Any previous cardiac testing (EKG,stress test, echo, cath) and chest x-ray
- ☐ Copy of insurance cards (front and back)
- ☐ Liver work-up labs (serologies, genotype, ferritin levels, etc.)
- ☐ Social work notes

Patient Information:	Name:		Date of Birth:
☐ LiverTransplant / Liver Failure		☐ Surgical (Hepatobiliary and Liver Lesions)	
Mailing Address:			
City:	State:	Zip:	Phone:
SSN:	Diagnosis:		
Secondary Contact (Name):		Secondary Contact (Phone):	
Maiden Name:		Mother's Maiden Name:	
Interpreter Needed? ☐ Yes ☐ No			

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

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

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