



**UNIVERSITY OF
MICHIGAN HEALTH**
MICHIGAN MEDICINE

T R A N S P L A N T C E N T E R

Liver Transplant Program

Dear Doctor:

We greatly appreciate the referral of your patient to our liver transplant program. To expedite the evaluation of your patient, we would appreciate if you or your staff can complete and fax (734-998-2384) this form to us at the time of referral. If it is easier, you may call in your referral at 1-800-333-9013 and ask to speak to one of our Liver Transplant Coordinators.

Once our office has received this information, we will schedule your patient and notify both your office and your patient of the date and time within two working days. Our policy is to see new referrals within 14 days. If you have an urgent referral, please call us at 1-800-333-9013. We will schedule urgent referrals to be seen within 3 days.

Patient name: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____

Phone #: _____ **DOB:** _____ **SS#:** _____

Insurance Type/Policy #: _____ / _____ (copy of insurance card, if available)

Citizenship: _____

Referring Physician: _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Phone #:** _____

Office Contact: _____ **Fax #:** _____

Primary Care Physician: _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Phone #:** _____

Reason for referral: _____ **Direct referral to:** _____

Etiology of Liver Disease: _____ **Complications:** _____

Alcohol abuse: Recent (within past 3 months) past none

Other substance abuse: Recent (within past 3 months) past none

Comments: _____

Your patient's evaluation can be expedited if this form along with the following medical records can be faxed (734-998-2384) to our office: Recent clinical notes, medications, discharge summaries, lab reports, operative reports, drug/alcohol rehabilitation records, cardiac studies, EKG, echocardiograms, stress test, cardiac catheterization reports, pulmonary function tests, x-ray reports (including CT scans, ultrasounds, MRI, chest x-ray).

If available, please send digital images and liver biopsy slides to:

Liver Transplant Coordinators
Taubman Center, Floor One, Reception G
1500 E. Medical Center Dr. SPC 5334
Ann Arbor, MI 48109-5410
Phone: 800-333-9013 (Liver), Fax: 734-998-2384

Sincerely,
University of Michigan Health Liver Transplant Team