



920 NE 13th Street | Oklahoma City, OK 73104
Phone (405) 271-7498 | Toll Free (877) 817-6911 | Fax (405) 271-4329

Liver Medicine Referral

Are you referring this patient for a Liver Transplant Evaluation? YES NO

DATE: _____

This is a Non-English speaking patient: YES NO

Patient Name: _____

SSN: _____

DOB: _____

Age: _____

Sex: _____

Race: _____

Current Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Marital Status: Single

Married

Widowed

Divorced

Height: _____ Weight: _____ BMI: _____ Previous Transplant: YES NO Date: _____

Allergies: _____

Interval History: _____

URGENT Appointment Needed: YES NO

Comments: _____

Please send the following information with the referral form: (if available)

- Demographics Labs (most recent)
- Insurance info (card front & back) Liver biopsies
- H & P Pathology reports
- Office/clinic/progress notes Radiology & other diagnostic imaging **CD/DISKS**
- Operative reports Ultrasounds
- Discharge Summaries EGD/Colonoscopy
- Medication list Other: _____
- Hep B Immunization documentation Other: _____
- Last Flu shot Other: _____
- Last Pneumo Vax shot

Referring Diagnosis: _____

REFERRING PHYSICIAN:

NPI:

Printed Name _____ Email _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____