



Please fax this request form, most recent clinical notes and labs to 804-628-0073. Call 804-828-4104 to speak with a coordinator.

Liver Evaluation Referral Request

Date _____

Type of referral (please check):

- Liver transplant Hepatology Hepatocellular carcinoma Chronic pancreatitis
- Other _____

Patient name _____ Date of birth _____

Patient phone _____ Patient email _____

Patient diagnosis _____

Patient insurance plan _____

Referring provider(s) _____

Office phone _____ Office fax _____

Appointment priority:

- Urgent — Please call if the patient needs to be seen in less than one week
- Within 4 weeks Within 3 months

To better serve the patient, please fax this form and the following information (if available) for a pre-transplant evaluation:

- Patient's contact and demographic information sheet
- Copy of insurance and prescription drug cards (front and back)
- Notes from the last three office visits and consultation notes
- Laboratory reports from the last month and special lab or biopsy reports (if available)
- Any imaging reports (chest x-ray, CT scan, MRI)
- Cardiac test reports (ECHO cardiogram, heart catheterization, etc.)
- Health maintenance records (vaccination, colonoscopy etc.)

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