

# Transplant Referral/Order Form

This form can be used as a physician order for transplant referral or as a checklist of required information. We are happy to answer any questions about the transplant referral process. Feel free to call us toll-free at **1-800-828-4752**.

**Referral Type:**

- Kidney
- Liver
- Lung
- Heart
- Bone marrow/stem cell
- Other

**Refer to the following Sierra-contracted transplant facility:**

- USC KECK**
  - o Commercial - liver, heart, heart/lung, lung, kidney, kidney/panc, panc, liver/kidney
  - o Medicaid - liver, kidney, kidney, liver/kidney, BMT/stem cell
- USC KENNETH NORRIS**
  - o All commercial and Medicaid - bone marrow/stem cell
- UMC-LAS VEGAS**
  - o All commercial and Medicaid - kidney only
- LOMA LINDA MEDICAL CENTER** – Hepatology (liver) clinic in Las Vegas
  - o All commercial - liver, heart, kidney
  - o Medicaid - liver only
  - o Peds - heart
- PRIMARY CHILDREN'S HOSPITAL**
  - o Pediatric only - all commercial and Medicaid - heart, liver, kidney, BMY/stem cell
- OTHER FACILITY**
  - o Reason for referral to facility not listed above:

**REFERRALS MUST INCLUDE (IF AVAILABLE)**

- Contact information (direct phone/fax numbers to office staff and referring MD)
- Past 3 progress notes (recent h&p, list of medications)
- Treatment regimen (review of past and current treatment and response)
- Cardiology and radiology reports
- Past 3 months labs
- Biopsy and pathology reports
- Other pertinent information (religious and/or cultural limitations)

Physician/NP/PA:

(signature)

(print)

NPI:

Date:

Please fax transplant referrals to **702-304-7430**.