OU Health
Transplant Institute

920 NE 13th Street | Oklahoma City, OK 73104
Phone (405) 271-7498 | Fax (405) 271-1772

Dialysis Access Referral - Adult & Pediatric

Are you referring this patient for a Kidney Transplant Evaluation? ☐ ***YES*** ☐ ***NO***

DATE: _____ **This is a Non-English speaking patient:** ☐ **YES** ☐ **NO**

Patient Name: _____ **SSN:** _____ **Age/DOB:** _____

Male/Female: _____ **Race:** _____

Current Address: _____

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

Phone #'s: **Home:** _____ **Cell:** _____

Previous Transplant: ☐ **YES** ☐ **NO** **Date:** _____

Dialysis Days: M, W, F
T, Th, Sat

What type of access is requested?

☐ PD Catheter ☐ AVF & PD Catheter ☐ Revision of Existing Access (specify)
☐ AV Fistula ☐ AV Graft

Insurance:

☐ Medicare ☐ Medicaid ☐ No Insurance/Private Pay
☐ Commercial Insurance: _____
(i.e. BC/BS, CIGNA, Aetna)

Please send the following information with the referral form:

[ ] Recent H&P or Office Note
[ ] Insurance Information
[ ] Medication List
[ ] Demographic Sheet

REFERRING PHYSICIAN:

NPI:

Printed Name Email

Mailing Address City State Zip

Phone Fax