

PLEASE FILL OUT THE INFORMATION BELOW:

Patient Name: _____

Date of Birth: _____

Social Security Number: _____

Address: _____
(Street)

(City/State/Zip)

Phone Number: _____

Gender: Male Female

Language: English Spanish Other: _____

Primary Insurance: _____

Secondary Insurance: _____

Important: Patient Diagnosis, Height and Weight

ESRD due to: _____
(examples: Diabetes 1 or 2, Hypertension, PKD, FSGS, Lupus)

Height: _____ Weight: _____ BMI: _____

Treatment Modality: HD PD Pre-Dialysis

Days & Shift: _____

1st Day of Regular Chronic Dialysis: _____

Please notify Primary Care Physician (PCP) of this referral if this is mandated by the insurance company.

Referring Physician Information

Name: _____

Specialty: _____

Dialysis Center: _____

Address: _____
(Street)

(City/State/Zip)

Phone: _____ Fax: _____

Office Contact: _____



Date of Referral:

Month	Day	Year

Please fax the following information with this form:

- Patient's demographic form
- Copy of insurance cards (front and back) if not indicated on the demographic form
- Form 2728
- Recent history and physical
- Pre-dialysis: Recent labs/GFR, Creatinine

Patient Living Kidney Donor's First Step:

The typical wait time for a person on the kidney wait list is 6+ years. If your patient has a potential living donor, their first step will be to complete our online health history questionnaire. Please share this link with potential donors. It may be filled at any time: www.UTCLivingDonor.com

Contact Information:

Referral Hotline:

210-743-4360 or
888-336-9633

Referral Fax:

210-358-0408 or
210-702-4131

Referral Address:

University Transplant Center
4502 Medical Dr., MS 18, San Antonio, TX 78229

UniversityTransplantCenter.com/referral