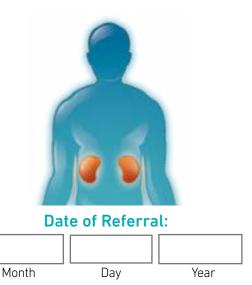


KIDNEY TRANSPLANT REFERRAL FORM

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: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:



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