

Patient Referral Form

The Johns Hopkins Heart Transplant Program

To refer a patient, please complete the following form and attach records listed below. We request the following information as soon as possible to minimize any delay in scheduling appointments.

Patient Information:

Diagnosis

Name

DOB

Address

Home Phone

Cell or Alternate Phone

Insurance Information: Please attach copy of patient's insurance card.

Primary Insurance Name and Phone

Policy #

Group #

Secondary Insurance Name and Phone

Policy #

Group #

Referring Physician Information:

Name

Address

Phone

Fax

Cell Phone

Email Address

Please attach the following records if available:

- o Clinic notes x 1 year
- o Most recent echocardiogram results
- o Left heart catheterization/right heart catheterization results, if one has been performed
- o Any lab work within past 90 days
- o Cardiac stress test results, if one has been performed
- o Discharge summaries from most recent hospitalization

Upon receiving records, we will verify in-network status for insurance and contact patient. We look forward to providing the best care for your patient.

Where to send:

Fax: 410-614-9983

Mail: The Johns Hopkins Heart Transplant Office, 1800 Orleans Street, Blalock 147, Baltimore, MD 21205

Call: 410-955-7935 and ask to speak directly to any of our transplant physicians.

You can also email them directly at the addresses below:

Cardiologists:

Dr. Kavita Sharma: ksharma8@jhmi.edu
Dr. Ilan Wittstein: iwittste@jhmi.edu
Dr. Edward Kasper: ekasper@jhmi.edu
Dr. Steven Hsu: steven.hsu@jhmi.edu
Dr. Nisha Gilotra: ngarrarw2@jhmi.edu
Dr. Joban Vaishnav: jvaishn1@jhmi.edu

Dr. Sabra Lewsey: lewsey@jhmi.edu
Dr. Priya Umapathi: mumapat1@jhmi.edu
Dr. Luigi Adamo: ladamo2@jhmi.edu
Dr. Paul Scheel: pscheel6@jhmi.edu
Dr. Virginia Hahn: vhahn1@jhmi.edu

Surgeons:

Dr. Ahmet Kilic: akilic2@jhmi.edu
Dr. Antonio Polanco: apolanc2@jh.edu
Dr. Chetan Pasrija: cpasrij1@jh.edu

Visit our website: hopkinsmedicine.org/transplant

