

JHH Liver Transplant Program Patient Referral Form

To refer a patient, Contact our Nurse Navigator: Mary Rudolphi

Cell: 410-844-2562

Fax: 410-614-8741

Email: livenursenavigator@jhu.edu

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.

1 Patient Information:

Patient Name

DOB

Address

Home Phone

Cell or Alternate Phone

2 Insurance Information: Please attach a copy of patients insurance card.

3 Referring Physician Information:

Please include practice letterhead.

4 Please attach the following records if available:

- Most recent history and physical report
- Lab results– done within the past 6 months
- GI/Hepatology records
- Recent diagnostic studies (CDs of CT, Duplex, MRI)
- Discharge summaries from most recent hospitalization

5 Referrals and associated documents can be sent to us via:

- Fax: 410-614-8741
- Mail: The Johns Hopkins Liver Transplant Office | 600 N. Wolfe Street, Carnegie 668,, Baltimore, MD 21287

Hepatologists:

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Visit our website: hopkinsmedicine.org/transplant

