

JHH Heart Transplant Program Patient Referral Form

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 _____
Smoking cessation date, if applicable _____

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 _____

Please attach the following records if available:

1. Results of

- Most recent Clinic Note
- Most recent Echocardiogram
- Cardiac Catheterization, if one has been performed
- Any lab work within past 90 days

2. Discharge summaries from most recent hospitalization

Where to send:

Referral letter documents can be faxed to us at: 410-614-9983 (fax)

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

Talk to our doctors in person: You can always call our office at 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:

Stuart Russell srusse14@jhmi.edu
Ilan Wittstein iwittste@jhmi.edu
Ryan Tedford..... ryan.tedford@jhmi.edu
Daniel Judge djudge@jhmi.edu
Rosanne Rouf rrouf1@jhmi.edu

Surgeons:

Ashish Shah ashah29@jhmi.edu
Alan Simeone asimeone@jhmi.edu

Visit our website: hopkinsmedicine.org/transplant

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.