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 PhoneCell	Cell or Alternate Phone	
Smoking cessation date, if applicable		
Insurance Information: Please attach copy of patient's insur Primary Insurance Name and Phone		
Policy#Group#		
Secondary Insurance Name and Phone		
Policy#Group#		
Referring Physician Information: Name		
Address		
PhoneFax		
Please attach the following records if available: 1. Results of		
 History and physical report (within the last 6 months) Blood Type Report (2 reports showing blood type with different draw dates) Previous transplant records to include: tissue typing, biopsies, operative notes Cardiac evaluations or testing (within the last year) Colonoscopy (50 years old or older; within last 5 years) 	 Most recent blood work results (last 3-4 months) Recent Medication List PSA report (if age 40 years old or older, within the last year) PPD-Tuberculosis Test (within the last year) 	
2. Discharge summaries from most recent hospitalization		
Where to send:		
Referral letter documents can be faxed to us at: 410-502-23 Or mail to: The Johns Hopkins InKTP Program 720 Rut		

Talk to our doctors in person: You can always call our office at 410-955-6685 and ask to speak directly to any of our transplant physicians. You can also email them directly at the addresses below:

Nephrologists:

Nada Alachkar	nalachk1@jhmi.edu
Edward Kraus	ekraus1@jhmi.edu
Hamid Rabb	hrabb1@jhmi.edu
Mabel Bodell	mbodell@jhmi.edu

Surgeons:

Robert Montgomery rmonty@jhmi.edu

Visit our website: hopkinsmedicine.org/transplant

Upon receiving records, we will verify in-network status for insurance and contact patient. We will mail patient educational literature about incompatible kidney transplantation so that they can familiarize themselves with process. We look forward to providing the best care for your patient.

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