

# JHH Liver Transplant Program Patient Referral Form

To refer a patient, Contact our Nurse Navigator: Mary Rudolphi  
Cell: 302-542-9729 Email: [livernursenavigator@jhu.edu](mailto:livernursenavigator@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
Diagnosis	

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

## 3 Referring Physician Information:

Name	
Address	
Phone	Fax

## 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, Blalock 242, Baltimore, MD 21287

### Hepatologists:

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Visit our website: [hopkinsmedicine.org/transplant](http://hopkinsmedicine.org/transplant)

