

Patient Referral Form

The Johns Hopkins Hospital 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.

1 Patient Information:

Diagnosis	
Name	DOB
Address	
Home Phone	Cell or Alternate Phone
Smoking cessation date, if applicable	

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

Primary Insurance Name and Phone	
Policy #	Group #
Secondary Insurance Name and Phone	
Policy #	Group #

3 Referring Physician Information:

Name	
Address	
Phone	Fax

4 Please attach the following records if available:

- | | |
|---|---|
| 1. Results of: <ul style="list-style-type: none">• 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 |
|---|---|
- 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.

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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

Dr. Edward Kasper: ekasper@jhmi.edu
Dr. Ilan Wittstein: iwittste@jhmi.edu
Dr. Kavita Sharma: ksharma8@jhmi.edu
Dr. Steven Hsu: steven.hsu@jhmi.edu
Dr. Nisha Gilotra: naggarw2@jhmi.edu

Surgeons:

Dr. Chun (Dan) W. Choi: cchoi40@jhmi.edu
Dr. Ahmet Kilic: akilic2@jhmi.edu
Dr. Kenton Zehr: zehr@jhmi.edu

Visit our website: hopkinsmedicine.org/transplant

