

Heart Transplant/LVAD Referral Form

Thank you for referring your patient to the UNC Center for Transplant Care. To make this process easier, we have included a checklist of the information we need to start an evaluation on your patient.

___ Demographics: patient's full name, DOB, address and current contact information

___ Insurance information (copy of insurance cards)

___ Right and Left Heart catheterization reports, if ischemic, then please send films.

___ Echo reports

___ Any other imaging/testing as applicable (PFT's, vascular studies, lab results, ekg)

___ Any operative reports if previous chest surgeries

___ Results of any consultations within the last 12-18 months

___ Any additional important medical information that would pertain to transplant candidacy (vaccination record, history of cancers, immune disorders etc.)

When the patient is seen by the transplant Cardiologist for evaluation he or she may be asked to schedule local appointments for cancer screenings, including mammogram, colonoscopy, and dental clearance with reports faxed to the UNC heart transplant/LVAD office.

Contact info:

UNC Heart Transplant/LVAD office
101 Manning Drive
Chapel Hill, NC 27514
Phone: 984-974-7528
FAX: 984-974-7738

Referring Provider Contact information:

Name: _____

Practice: _____

Phone: _____

Fax: _____