



1150 North 35th Avenue, Suite 390 • Hollywood, FL 33021
Main: 954-265-7450 • Fax: 954-276-1112
www.mhs.net/kidneytransplant

Kidney Transplant Candidate Referral Form

To expedite your patient's referral, please complete and return to:

FAX: 954-276-1112

REFERRING ENTITY

Referral Date: ____/____/____

Contact Name: _____ Phone: _____ Fax: _____

Physician Name: _____ Phone: _____ Fax: _____

Dialysis Unit: _____ Phone: _____ Fax: _____

RECORDS RELEASE

Patient Name: _____ DOB: ____/____/____

Cell Phone #: _____ Home #: _____

Treatment Modality: HD PD PRE-EMPTIVE

Dialysis Schedule: MWF TThS Chair time: Early morning Morning Afternoon

PLEASE ATTACH THE FOLLOWING RECORDS WITH THIS REFERRAL FORM

- | | |
|---|---|
| <input type="checkbox"/> Insurance Card | <input type="checkbox"/> Run Sheet |
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> Immunization Records |
| <input type="checkbox"/> Form 2728 | <input type="checkbox"/> Radiologic Studies / Imaging reports |
| <input type="checkbox"/> Current/Last Labs | <input type="checkbox"/> Diagnostic Testing |