UC DAVIS HEALTH | Transplant Center

HEPATOBILIARY PHYSICIAN REFERRAL FORM

Check the type of UC Davis referral requested and fax with records to designated fax number:

	DEPARTMENT	FAX
☐	Liver Surgery Consult (non-transplant)	916-734-5194
☐	Hepatobiliary Disease Consult (non-transplant)	
☐	Hepatology Consult (non-transplant)	

REFERRAL INFORMATION :		
Referring Physician :		Phone :
Referral Date :		Fax :
Affiliation / Group :		
PATIENT INFORMATION / DEMOGRAPHICS:		
Name :		DOB :
Preferred Language :	Interpreter Needed : Yes ☐ No ☐	Sex :
PATIENT CONTACT INFORMATION :		
Address :	City :	State :
	Email :	
Home Phone :	Secondary Contact :	
Cell Phone :	Relationship :	Phone :
PATIENT HEALTH INFORMATION :		
Diagnosis/Cause of Condition :	HT :	Notes :
Diagnosis 1 : Biliary Stricture	WT :	
Diagnosis 2 : Biliary Stricture	BMI :	
Primary Care Provider :	Allergies :	
Phone Number :	Fax Number :	
Primary Insurance Provider :		Member ID :
Secondary Insurance Provider :		Member ID :

INSURANCE: Please include a copy of both sides of the patient's insurance card.

UC DAVIS TRANSPLANT CENTER
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Phone: 916-734-2111 | Toll-free: 800-821-9912
Email: hbsurgery@ucdavis.edu