UC DAVIS HEALTH | Transplant Center

LIVER TRANSPLANT PHYSICIAN REFERRAL FORM

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

	DEPARTMENT	FAX
☐	Liver Transplant Evaluation	916-734-5194
☐	Post-Liver Transplant Follow Up	

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 Liver Disease:	HT :	Notes :
Diagnosis 1 : Alcohol Associated Ci	WT :	
Diagnosis 2 : Alcohol Associated Ci	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
4010 V Street | Building 12 | Sacramento, CA 95817
Phone: 916-734-2111 | Toll-free: 800-821-9912
Email: livertransplant@ucdavis.edu