

Thank you for your referral to the Emory Liver Transplant Program. In order to facilitate your patient's evaluation, please use this as a checklist and provide the following records. If you are unable to provide any of the following, please explain why in the space provided.

Patient Name: _____

DOB: _____

- Liver Biopsy Slides Yes No: _____
- Accompanying completed referral form Yes No: _____
- Your office address, fax and telephone numbers Yes No: _____
- Recent H & P / office notes Yes No: _____
- Recent labs (within the last 3 months) Yes No: _____
- Recent abdominal imaging/scans/EGD Yes No: _____
- Copy of insurance card Yes No: _____
- Copy of driver's license Yes No: _____
- Insurance authorization/referrals for the following physicians (If required per Managed Care plan requirements.)

Hepatology

- James Spivey, MD
- Ryan Ford, MD
- Hetal Karsan, MD
- John Paul Norvell, MD
- Samir Parekh, MD
- Anjana Pillai, MD
- Ram Subramanian, MD
- Preeti Reshamwala, MD

Transplant Surgery

- Andrew Adams, MD
- Joseph Magliocca, MD
- Raymond Lynch, MD

It is extremely important to provide the necessary information to prevent a delay in the patient's evaluation.

Return this form and all other requested items via fax to the following number: **404-712-2769**.

You may contact our office at **1-855-EMORYTX (366-7989), option #2** for further questions. Thank you again for your referral and we look forward to evaluating your patient.