Miami Transplant Institute | Jackson HEALTH SYSTEM — IN AFFILIATION WITH — UHealth UNIVERSITY OF MIAMI HEALTH SYSTEM

Referral Checklist
Liver Transplant

Thank you for choosing the Miami Transplant Institute for transplantation. In order to facilitate the patient's evaluation, please use this checklist as a guide to provide the following records. As you review the checklist, you will notice that some items are "Required" and others are marked "Preferred." The more patient information and records you can provide, the quicker the referral and evaluation can proceed. However, it's important to note that a patient's referral should not be delayed by waiting for these non-mandatory items, as we can address them at a later time.

Patient Name: _____ DOB: _____

Required

- Accompanying completed referral form
- Current medication list
- Copy of patient insurance card (front and back)
- Copy of a valid government issued identification (driver's license, passport, military ID)
- Recent history and physical / Office notes / Discharge summary (within the last 12 months)
- Recent labs (within the last 3 months)
- Recent imaging – Ultrasound and CT and/or MRI (within the last 12 months)

Preferred (Where Applicable)

- Organ biopsy report with slides
- Pathology report(s)
- Operative reports(s)
- TPN order sheet
- Upper endoscopy report
- Colonoscopy report (within the last 5 years)
- Cardiac / Pulmonary testing – EKG, Echo, Stress Test (within the last 12 months)
- Chest X-ray (within the last 12 months)
- Mammography (within the last 12 months)
- PAP smear (within the last 2 years)
- Dental clearance letter
- Specialist consultations

Return this form and all other requested items via fax to **305-355-5368**. For additional information, call the referral office at **305-355-1MTI (1684)** or email **MTIReferral@jhsmiami.org**.

Thank you again and we look forward to evaluating your patient.

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