

Hepatobiliary Surgery &
Liver Transplant Program
1313 21st Avenue South
801 Oxford House
Nashville, TN 37232-4753
Phone: 615.936.5321

VANDERBILT UNIVERSITY
MEDICAL CENTER

Digestive Disease Center
1301 Medical Center Drive
The Vanderbilt Clinic, Suite 1660
Nashville, TN 37232
Phone: 615.322.0128 Fax: 615.322.1951

REFERRAL FOR HEPATOLOGY/LIVER TRANSPLANT EVALUATION

*Please call 615.322.0128 to schedule an appointment
Please fax all information to 615.322.1951 ATTN: Hepatology Coordinator*

Date: _____ Hepatology Referral Liver Transplant Evaluation
 Liver Cancer Referral Hepatobiliary Surgery Referral

Patient would like to be seen in the Williamson County Outreach Clinic?

Patient would like to be seen in the Madison, Alabama Outreach Clinic?

Thank you for your referral. The following information will help assist us in scheduling your patient as soon as possible.

PATIENT'S NAME: _____ DOB: _____ MRN: _____

Diagnosis: _____ Liver mass? Yes No

Please attach the following items to this referral, if available:

- Patient Demographics Sheet
 - Copy of insurance cards front and back
 - Most recent office note including **history & physical, medication list**
 - Most recent **laboratory reports** (i.e., CBC, CMP, PT/INR, viral serologies, AFP, tumor markers)
 - Most recent abdominal **imaging**
 - Liver and/or tumor **biopsy**
 - Most recent **endoscopy/colonoscopy**
 - For Hepatitis C evaluation, please send the following if available
 - o HCV RNA quantitative
 - o HCV genotype
 - For evaluation of elevated liver tests, please send all available labs trending abnormalities
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REFERRING PROVIDER: _____ PRACTICE NAME: _____

Provider Phone: _____ Provider Fax: _____

Internal Use: Vanderbilt appointment: _____ Provider: _____

Please FAX completed forms and available documents to 615.322.1951
ATTN: Hepatology Coordinator

Referring a patient is also available online at <http://www.vanderbilttransplant.com>.