



920 NE 13th Street | Oklahoma City, OK 73104
Phone (405) 271-7498 | Toll Free (877) 817-6911 | Fax (405) 271-4329

Hepatitis C Referral

Are you referring this patient for a Liver Transplant Evaluation? YES NO

DATE: _____ This is a Non-English speaking patient: YES NO

Patient Name: _____ SSN: _____ DOB: _____
Age: _____ Sex: _____ Race: _____

Current Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Marital Status: Single Married Widowed Divorced

Height: _____ Weight: _____ BMI: _____ Previous Transplant: YES NO Date: _____

Allergies: _____

Interval History: _____

Comments:

Please send the following information with the referral form: (if available)

- Demographics Labs (most recent) **(Including PCR and Genotype)**
- Insurance info (card front & back) Liver biopsies
- H & P Pathology reports
- Office/clinic/progress notes HCV antibody
- Operative reports Radiology & other diagnostic imaging **CD/DISKS**
- Discharge Summaries Ultrasounds
- Medication list EGD/Colonoscopy
- Hep B Immunization documentation Other: _____
- Last Flu shot Other: _____
- Last Pneumo Vax shot Other: _____

REFERRING PHYSICIAN:

NPI

Printed Name _____ Email _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____