

Transplant Evaluation Request



Options to Request an Appointment

- Direct Messaging/EHR: Referral@Direct.VidantHealth.com
- Fax: 252-847-3337 | Phone: 252-847-0097

Please include recent H/P, Form 2728, copy of insurance cards, labs and the physician referral note, if possible. If you have a stat appointment request, it is best to call the physician's office directly. For emergencies, send the patient to the closest Emergency Department.

Referral _____ MRN # _____

Referring office _____ Referring office phone _____

Office contact _____ Contact's fax _____

Referring provider _____ Request date _____

Patient name _____ Date of birth _____

Address _____

City _____ State _____ Zip _____

Gender Male Female Race _____ SSN _____

Home phone _____ Alternate phone _____

Language English Spanish Other _____ Need translator

Transplant Services
Patient Days in Dialysis

M	T	W	Th	F	S	Su
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Select requested service:
 Kidney Pancreas

Dialysis start date _____

Insurance BCBS Medicare Medicaid Medicaid CA Tricare Prime Tricare Select Self-pay Other _____

Primary insurance # _____ Group # _____

Secondary insurance # _____ Group # _____

Group NPI for authorization _____ Dates covered _____ # visits covered _____

Patient Screening

Height _____ Weight _____ BMI _____

Does the patient smoke? Yes No If yes, how much and how long? _____

History of cancer? Yes No If yes, what type and when? _____

Use of home oxygen? Yes No History of stroke/CVA within the last 6 months? Yes No

Is the patient currently on Brilinta? Yes No Is the patient wheelchair bound? Yes No

Reside in a nursing home or assisted living? Yes No Reliable/consistent transportation? Yes No

Any other medical issues you would like to tell us about? _____

REFERRAL CENTER USE ONLY	
Appointment date _____	Appointment time _____
Specialist name _____ <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA	

Office name _____ Phone _____ Fax _____

Office address _____

Patient notified by Phone Specialty Office VM NVM Mail New Patient

Form Completed Internally