

HOSPITAL to HOSPITAL TRANSFER CENTER: 210-358-2500

PEDIATRIC KIDNEY TRANSPLANT 3-STEP REFERRAL PROCESS

1 Submit the Transplant Center's "Referral Form" by one of the following:

- **Fax**
Attn: Transplant Center
210-358-0408
- **Phone**
210-567-5777 or 888-336-9633
- **Internet**
UniversityTransplantCenter.com
- **Mail**
Attn: Transplant Center
4502 Medical Drive, MS 18
San Antonio, TX 78229

2 Make a copy (front and back) of the patient's insurance card. Please specify primary insurance if several cards are provided.

3 Fax or mail insurance information and the following patient information:

- Patient's demographic form
- ESRD form 2728
- Current History and Physical (less than 12 months old)
- Current Medication List
- Current PPD results (less than 12 months old)
- Labs from outside facilities (genetics testing, any past ABO report)
- Radiology tests from outside facilities (ECHO, EKG, Renal Ultrasound, or Renal scan)
- Current Immunization Record
- Social Assessment
- Dietary Assessment
- Renal Ultrasounds and/or Renal Biopsies (if available)
- Copy of caregiver's driver's license
- Copy of patient's social security card

**Once the Transplant Center receives the referral, we will contact your office.
We look forward to working with you to help care for your patient.**



University Health System | UT Health Science Center
San Antonio