

PEDIATRIC LIVER PROGRAM

STEP 2: REFERRAL PATIENT INFORMATION

Direct Fax: (210) 702-4146

4502 Medical Drive, MS 18
San Antonio, TX 78229
(210) 567-1617

GENERAL FACSIMILE COVERSHEET

CONFIDENTIAL HEALTH INFORMATION ENCLOSED

Date: _____/_____/_____

From: _____

Phone: _____

Comments:

Checklist:

Copy of child's Social Security card

Copy of caregiver's driver's license

Current history and physical

Current medication list

Current immunization record

Current PPD results (less than 12 months old)

Most recent labs

MRI/CT/SONO/MRCP/ERCP of abdomen/liver

Liver biopsy results (if available)

Liver biopsy slides (mailed to Pathology)

Attn: Dr. Josefina Heim-Hall

Pathology Services

University Health System

4205 Medical Dr. MS 29-1

San Antonio, TX 78229

(210) 358-2760

Confidentiality Notice: Confidential Health Information Enclosed

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