



CEDARS-SINAI MEDICAL CENTER[®]

Comprehensive Transplant Center

TRANSPLANT REFERRAL INSTRUCTIONS

Thank you for your interest in the
Cedars-Sinai Medical Center
Kidney Pancreas Transplant Program

Please complete all areas and return form with the following information:

- Insurance Cards – Clear copies of front and back
- Personal Identification cards (Photo ID) – Driver's License or other
- 2728 Form to confirm dialysis start date (if applicable)
- Recent History & Physical (H&P)

- Recent Laboratory Studies
- Recent Hospital Discharge Summaries and Clinic Notes
- Recent Diagnostic Studies (if completed), to include but not limited to:

- Chest X-Ray and any other radiological examinations
- EKG
- Cardiac Stress Test / Cardiac Catheterization
- Echocardiogram
- Colonoscopy
- Renal Biopsy if applicable
- Pap Smear / Mammogram

Once the information is obtained and reviewed, the patient will receive a welcome letter with the appointment date, maps and informational brochures.

MAIL OR FAX TO:

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