



Kidney Transplant Referral

940 NE 13th Street ♦ Suite 1000 ♦ Oklahoma City, OK 73104

University of Oklahoma Transplant
Contact: Yaritza Rivera (405) 271 7498
FAX (405) 271-1772

Patient Name: _____

DOB: ___ / ___ / ___ Patient phone # () _____

Date of onset of dialysis _____

Patient's Dialysis Days: M W F _____
 T T S _____

Please attach the following:

- Recent H&P or office note
- Medication list
- Insurance information
- Demographic Sheet

Who can we contact in your facility for more information?

Name: _____

Phone Number: () _____