



Date: February 6, 2023

To:

**Clinical Transplant Services
Liver Transplant Program**

Oregon Health & Science University
3181 SW Sam Jackson Park Rd.,
Mail Code: L590
Portland, Oregon 97239-2966
Phone: (503) 494-8500 Fax: (503) 494-5292

Pages:

Fax:

**REFERRAL FOR POST LIVER TRANSPLANT FOLLOW UP /TRANSFER OF CARE
Please contact back if there are any questions; ATTENTION: Robert W.**

Patient Name:	UNOS#:
INS:	DOB:
ID#:	SS#: N/A
Date of transplant:	MRN: N/A

Facility:	Oregon Health & Science University (TIN#: 931176109)
Physician:	Willscott Naugler MD., Division of Liver Transplant (TIN#: 931176109)

Seeking records for transfer of care:
please send as many as possible of the following records:

- o Operative notes from transplant (please include all operative reports from this admission)
- o Discharge Summary after transplant surgery
- o Explant Pathology
- o Any notes regarding confirmed or suspected HAT/ Biliary leak, Biliary stricture, rejection ,CMV
- o Last Hepatology and Surgical clinic visit
- o Discharge summary after transplant
- o Current immunosuppression regimen
- o Last 6 sets of liver transplant lab work

If the patient is under 1 year post liver transplant we do request a provider to provider hand off. Our office can assist.

If there are any issues regarding this information request please contact our office

**Robert W, M.C.C.
Department of Liver Transplant
Oregon Health and Science University
Phone: 503/494-6632 / Fax: 503/494-5292**