BJC Health Saint Luke's

Saint Luke's Hospital Abdominal Transplant & Multi-Specialty Clinic
4321 Washington St., Suite 4000
Kansas City, MO 64111
816-932-3550

Saint Luke's Transplant Clinic–Wichita
1100 N. St. Francis Ave., Suite 130
Wichita, KS 67214
316-303-1045

Kidney Transplant Referral

Patient Information

Patient Name _____ DOB _____ Gender _____

Phone _____

Physician Information

Nephrologist _____

Phone _____ Fax _____

Please send records below if available:

- Patient authorization form
- Copy of insurance cards and prescription cards
- Patient demographic information
- Form 2728
- Labs (most recent)
- History and physical (most recent)

Referral information

Dialysis center _____

Office phone _____ Office fax _____

Type of dialysis _____ Start date _____

Dialysis days *(Select all that apply)* ◯ Mon ◯ Tues ◯ Wed ◯ Thurs ◯ Fri ◯ Sat

Insurance Information

Please fax insurance and prescription cards to: 816-932-3973 (KC); 316-303-1026 (Wichita)
If cards are not available, please fill out the following:

Primary _____ Secondary _____

Card holder _____ Card holder _____

Phone _____ Phone _____

ID # _____Group # _____ ID # _____ Group #_____

Find this form at **SaintLukesKC.org/Refer-Patient**