

Beaumont Hospital-Royal Oak
Comprehensive Liver Disease Program
Phone: 248-551-0729 Fax: 248-551-0749

Please indicate which liver clinic you are referring your patient to below

Referral for Hepatology Evaluation ■

Referral to Liver Transplant Clinic ■

Date: _____ Form completed by: _____

Patient Name: _____ MRN: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____

Date of Birth: _____ Age: _____ Sex: _____

Diagnosis: _____

Referring Physician: _____ Address: _____ _____ _____ Phone: _____ Fax: _____	PCP: _____ Address: _____ _____ _____ Phone: _____ Fax: _____
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INSURANCE

Primary Insurance: _____ Policy Holder: _____

Employer Name: _____ Group: _____

Phone Number: _____

Secondary Insurance: _____ Policy Holder: _____

Spouse's Name: _____ DOB: _____

Phone Number: _____

Please fax this referral form and the appropriate forms listed below to 248-551-0749

- Biopsy Reports
- H & P
- Vaccination Records
- Radiology/Cardiology/Pulmonology Reports
- Current Medication List
- Pertinent Lab Reports

Or Mail To:

Beaumont Hospital-Royal Oak
Liver Transplant Program
3535 W. 13 Mile Rd. Suite 644
Royal Oak, MI 48073