UMC UNIVERSITY MEDICAL CENTER
TRANSPLANT CENTER

TRANSPLANT REFERRAL FORM

Referral will be delayed if all items below are not included in the referral:

Referred for: ☐ Kidney ☐ Pancreas ☐ Kidney/Pancreas

Diabetic: Yes ☐ No ☐ Type 1 ☐ Type 2 ☐

MUST include/fax the following information:

Date: _____

- ☐ History and Physical (Within 1 Year)
- ☐ Medication List (Current & Active)
- ☐ Current Labs (Include Renal Function Panel)
- ☐ Legible Copies of ID and ALL insurance cards (Including VA, Medicare, Medicaid etc.)
- ☐ ALL Health Maintenance Testing (See Attached List)
- ☐ Completed Post Transplant Care Support Form
- ☐ Completed Transplant Candidate Questionnaire
- ☐ CMS 2728 Form
- ☐ Immunization Records
- ☐ Completed/Signed PHI consent

****Complete every line. If it does not apply put "N/A"****

Legal Name: Last_____ **First**_____ **Preferred Name:**_____

Male ☐ Female ☐ Height:_____ **Weight:**_____ **BMI:**_____

Address:_____ **City:**_____ **State:**____ **Zip:**_____

Phone: Cell:_____ **Home:**_____ **Email:**_____

Primary Language:☐ English ☐Spanish ☐Other: _____ **Date of Birth:** _____

Patient Race:_____ **Ethnicity:** _____ **Social Security Number:**_____

Current Insurance(s):_____

Referring Physician:_____ **Phone:**_____ **Fax:**_____

Dialysis Unit: _____ **Phone:** _____ **Fax:** _____

Dialysis Location/Address:_____

Social Worker/Case Manager: _____ **Email :** _____

Does the patient have a potential living donor? ☐Yes ☐No

Patient has established care with PCP? (Has been seen within the past year) ☐Yes ☐No

PCP Name: _____ **Phone:** _____ **Fax:**_____

Referral will be delayed if all items below are not included in the referral

Fax to 702-383-1876

UMC Center for Transplantation Main Line: 702-383-2224

TransplantReferrals@umcsn.com

Revised 08/2025

UMC UNIVERSITY MEDICAL CENTER
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REFERRAL CRITERIA FOR KIDNEY/PANCREAS TRANSPLANT RECIPIENT

The following are criteria for selection for renal transplant candidates.

Inclusion Criteria:

- End Stage Renal Disease with a GFR ≤20 ml/min or is on dialysis.
- Psychosocial stability and supportive family/social structure as defined by social assessments.

Absolute Exclusion Criteria:

- Active Infection
- Active Malignancy
- Oxygen dependence
- Current Cigarette smoking as per self-report/ failing nicotine cotinine test
- Active untreated psychiatric illness
- Active untreated substance abuse

Relative Exclusion criteria:

- Severe coronary artery disease
- HIV infection
- Severe left ventricular dysfunction
- Severe chronic obstructive pulmonary disease
- Recent history of malignancy
- Cirrhosis/liver dysfunction
- Active peptic ulcer disease
- Coagulopathy/anti-coagulated state
- Extensive peripheral vascular disease
- Morbid obesity-BMI >45
- Multiple co-morbidities
- Non-adherence
- Active psychiatric illness or psychological instability
- Lack of identified support person
- Frailty
- Inadequate insurance coverage

If the patient does not meet selection criteria or is not selected by the committee for placement on the kidney wait list, the patient, referring physician and dialysis center will be notified with the rationale.

If the patient meets criteria and receives committee approval, the patient, referring physician and dialysis center will be notified that the patient is being listed.

Revised 12/2025

UMC UNIVERSITY MEDICAL CENTER
TRANSPLANT CENTER

Post-Transplant Care Support

Thank you for choosing University Medical Center of Southern Nevada for your transplantation needs. We strive for the best patient care. Following your transplant, it is necessary to maintain a relationship with our transplant program and medical community here in Las Vegas for up to 12 months. Patients need to have the ability to maintain their follow-up care with the program. We require additional information in order to serve you better. Please fill out the following so we may best assess your care post-transplant and return it with your Health History Questionnaire and the Authorization to Release Protected Health Information form.

1. Who is going to be your personal caregiver(s) in the Las Vegas area following your kidney transplant? (They will be assisting with driving to and from your appointments, meal preparing and helping you during your post-transplant care.)

Name	Relationship	Contact Information

2. If you are from outside the greater Las Vegas area, what is your plan to establish housing in Las Vegas after your kidney transplant? (Excluding weekly rentals, Airbnb, and hotels)

UMC TRANSPLANT CENTER

UMC Transplant Center
901 Rancho Lane, Suite 250
Las Vegas, NV 89106

Dear Transplant Education Attendee,

You are scheduled to attend our virtual transplant education class. This class is required to move forward in the transplant process.

To help you understand the transplant journey here at the UMC Transplant Center you will need to complete all eight parts of the video class, which are taught by eight vital members of your transplant team. These videos constitute the "Transplant Class" and all must be viewed prior to moving forward on your transplant journey.

- UMC Transplant Coordinator
- UMC Transplant Dietitian
- UMC Transplant Financial Counselor
- UMC Transplant Living Donor Coordinator
- UMC Transplant Nephrologist
- UMC Transplant Pharmacist
- UMC Transplant Social Worker
- UMC Transplant Surgeon

Please let us know when you have viewed all 8 of the videos by signing the "virtual education class acknowledgement" form and returning it.

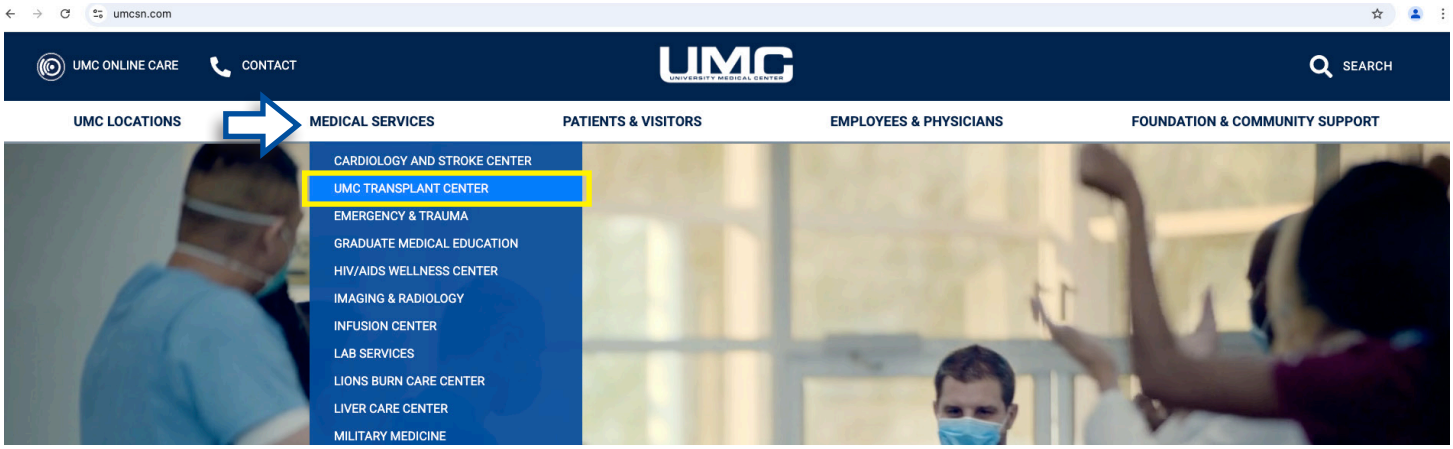
Sincerely,

Transplant Services Staff

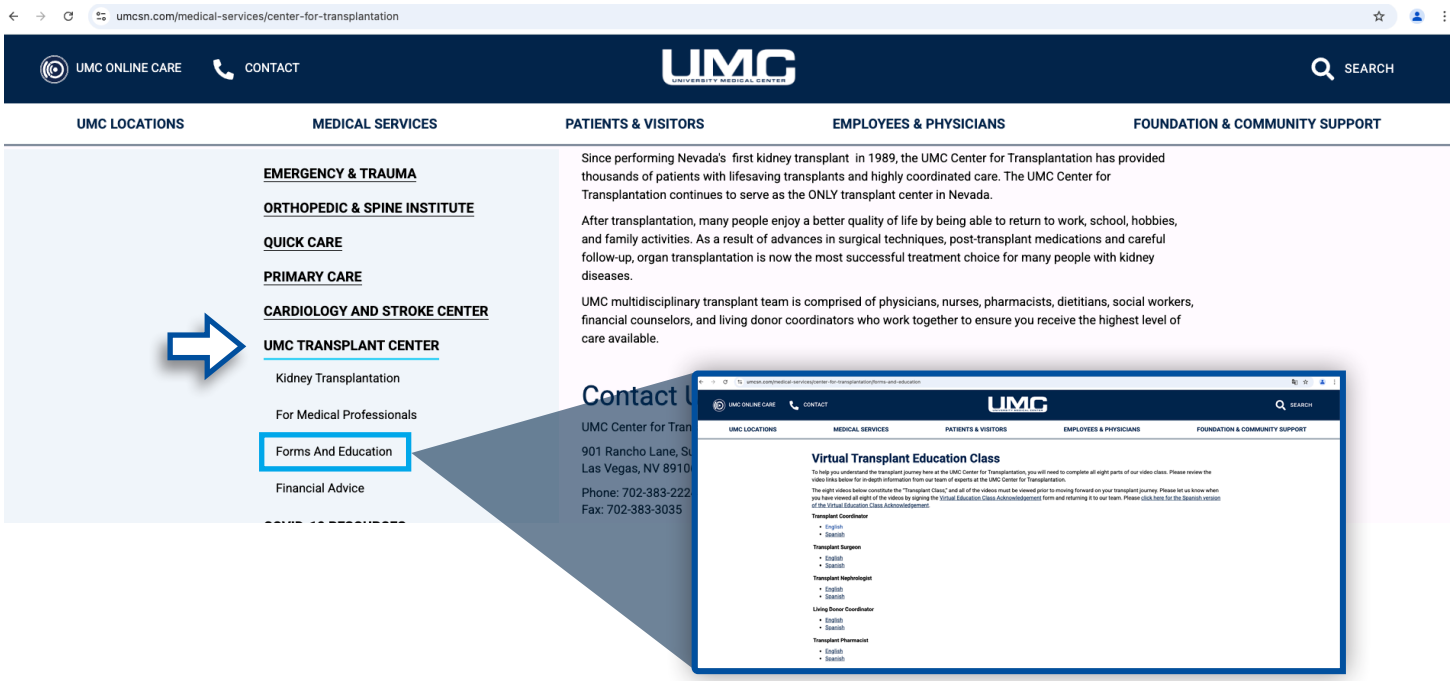
P: {702) 383-2224
F: {702) 383-1876
Email: TransplantReferrals@umcsn.com

Step 1) Visit www.umcsn.com

Step 2) Click on the "Medical Services" tab, then CLICK on "Transplant Center"



Step 3) On the left side of the screen, click "Transplant Class Videos"



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VIDEO CLASS ACKNOWLEDGEMENT

Name:

DOB:

I _____ have watched ALL 8 UMC Kidney Transplant Education
(Patient Name – Please Print)
Class videos, presented on www.umcsn.com.

The following topics were presented and discussed during the education videos.

Video on UMC Transplant Center
Video PowerPoint Presentations from the following UMC Transplant Center team members:

- UMC Transplant Coordinator
- UMC Transplant Dietitian
- UMC Transplant Financial Counselor
- UMC Transplant Living Donor Coordinator
- UMC Transplant Nephrologist
- UMC Transplant Pharmacist
- UMC Transplant Social Worker
- UMC Transplant Surgeon

By signing below, I acknowledge that I have watched the videos, and that I understand the information.

Patient / Guardian Signature: _____Time: _____ Date: _____

Please return in the self-addressed stamped envelope provided or Fax to the number below.

UMC Transplant Center
901 Rancho Lane, Suite #250
Las Vegas, NV 89106
Phone: (702) 383-2224
Fax: (702) 383-1876
Email: TransplantReferrals@umcsn.com

UMC UNIVERSITY MEDICAL CENTER
TRANSPLANT CENTER

All patients are **required** to complete preventive health maintenance. Up-to-date health maintenance should be completed **within 90 days** of your referral submission. Patients **will NOT be eligible** for an evaluation appointment until **ALL** health maintenance is complete.

The list below describes preventive health maintenance testing. Please review testing description below to determine which tests you need to complete.

- **Yearly Dental Clearance – Required for ALL patients:**
  - Dental clearance form attached - Need medical clearance from your Dentist

- **Colon Cancer Screening is required for all patients:**
  - 45 years old or above
  - Colonoscopy is PREFERRED
  - Cologuard may now be considered as a valid screening option

- **Mammogram required for female patients:**
  - 40 years old or above
  - At discretion of provider, usually every 2 years

- **PAP Smear required for female patients:**
  - 21 years old or above
  - At discretion of gynecologist, usually every 3 years

- **Immunization Records, highly recommended for all patients:**
  - Tetanus (TDAP) - Every 10 years [NOT offered at dialysis]
  - Hepatitis A x2 doses (six months apart) [NOT offered at dialysis]
  - Hepatitis B x4 doses or have antibodies
  - Pneumonia – Every 5 years
  - Flu Shot – Annual
  - Covid-19

Please save the above testing and submit with the referral.

901 Rancho Lane, Suite 250, Las Vegas, NV 89106-3805
Phone: (702) 383-2224
Fax: (702) 383-1876

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If you are having difficulty in obtaining a dental clearance, the following dental offices may be able to assist you in completing your dental clearance:

- **Dentist on Nellis**
  - Phone: (702) 457-5335
- **Dr. Erick Bernsweig, D.D.S, M.S**
  - Phone: (702) 869-8200 or (702) 228-6684
- **UNLV School of Dental Medicine**
  - Phone: (702) 774-5175
- **Dental Faculty Practice:**
  - Phone: (702) 651-5510

These clinics may offer an affordable option, however, please check with your insurance to determine what your out of pocket expenses will be. Please keep in mind that you are responsible for any fees associated with any dental procedure you may have.

901 Rancho Lane, Suite 250, Las Vegas, NV 89106-3805
Phone: (702) 383-2224
Fax: (702) 383-1876

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Establishing a Primary Care Provider (PCP)

Establishing care with a PCP is vital in managing your health before & after transplant.

A Primary Care Provider (PCP) is essential for:

- ✓ Routine health maintenance (vaccinations, cancer screenings, chronic conditions)
- ✓ Managing non-transplant medical issues (colds, blood pressure, diabetes, etc.)
- ✓ Coordinating care with your transplant team after transplant for long-term health

When to Establish a PCP? Right Away!

Need Help Finding a PCP?

- It is crucial to establish a relationship with a Primary Care Provider (PCP) promptly.
- Selecting a location near your residence facilitates convenience and continuity in your healthcare journey.

Las Vegas Locations

1. UMC Centennial Hills Primary Care
   - Address: 5785 Centennial Center Blvd., Suite 230, Las Vegas, NV 89149
   - Phone: (702) 383-2273
   - Hours: Monday – Friday: 7:00 AM – 6:00 PM; Saturday: 8:00 AM – 6:00 PM

2. UMC Southern Highlands Primary Care
   - Address: 11860 Southern Highlands Parkway, Suite 100, Las Vegas, NV 89141
   - Phone: (702) 383-2273
   - Hours: Monday – Friday: 8:00 AM – 6:00 PM

3. UMC Spring Valley Primary Care
   - Address: 4180 S. Rainbow Blvd., Suite 809, Las Vegas, NV 89103
   - Phone: (702) 383-2273
   - Hours: Monday – Friday: 7:00 AM – 6:00 PM

4. UMC Peccole Ranch Primary Care
   - Address: 9320 W. Sahara Ave., Las Vegas, NV 89117
   - Phone: (702) 383-2273
   - Hours: Monday – Friday: 7:00 AM – 6:00 PM

5. UMC Summerlin Primary Care
    - Address: 2031 N. Buffalo Dr., Las Vegas, NV 89128
    - Phone: (702) 383-2273
    - Hours: Monday – Friday: 7:00 AM – 6:00 PM

6. UMC East Charleston Primary Care
    - Address: 5755 E. Charleston Blvd., Las Vegas, NV, 89110
    - Phone: (702) 383-2273
    - Hours: Monday – Friday: 7:00 AM – 6:00 PM

Henderson Location

8. UMC Sunset Primary Care
    - Address: 525 Marks St., Henderson, NV 89014
    - Phone: (702) 383-2273
    - Hours: Monday – Friday: 7:00 AM – 6:00 PM

Pahrump Location

While UMC does not have a primary care facility in Pahrump, nearby options include:

a. Intermountain Health Pahrump Clinic
    - Address: 1397 S Loop Rd. Pahrump, NV 89048
    - Phone: (775) 727-5500
    - Hours: Monday – Sunday: 8:00 AM – 8:00 PM

Next Steps:

- Choose a location near you: Review the list above and select the facility most convenient to your home.
- Schedule an appointment: Call the chosen location to set up an appointment to establish care with a PCP.
- Prepare for your visit: Bring your medical records, a list of current medications, and any questions you may have.

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Dental Clearance

NAME: _____ DOB: _____has completed his/her dental examination. He/she does not have any active infection that would prevent him/her from having a kidney transplant and taking immunosuppressive medication.

Please circle one: Cleared / Not Cleared

FROM: _____ _____
DDS SIGNATURE DATE

- PRINT DDS FULL NAME_____
- FACILITY NAME _____
- PHONE NUMBER _____

Please fax complete form to: 702-383-1876

901 Rancho Lane, Suite 250, Las Vegas, NV 89106-3805
Phone: (702) 383-2224
Fax: (702) 383-1876

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TRACKING MY PROGRESS

Please keep this form in a visible place for you to remember.

ALL APPROPRIATE TESTING MUST BE COMPLETED PRIOR TO RECEIVING AN EVALUATION APPOINTMENT. PLEASE FAX THIS FORM AND TESTING TO 702-383-1876 WHEN COMPLETED.

- Patient Name: _____ D.O.B: _____

- **Colonoscopy**
  - Date of Exam: _____
  - Physician Name: _____
  - Phone: _____ Fax: _____

- **Mammogram**
  - Date of Exam: _____
  - Physician Name: _____
  - Phone: _____ Fax: _____

- **PAP Smear**
  - Date of Exam: _____
  - Physician Name: _____
  - Phone: _____ Fax: _____

- **Dental Exam**
  - Date of Exam: _____
  - Physician Name: _____
  - Phone: _____ Fax: _____

- **Immunization Records**
  - Hepatitis A x 2 doses: Dose Date #1 : _____ Date Dose #2 : _____
  - Hepatitis B x 4 doses: Dose #1 : _____Dose #2 : _____
  - Dose #3 : _____ Dose #4: _____
  - Flu Shot: Date _____
  - Pneumonia: Date _____
  - Tetanus (TDAP): Date _____

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Getting Your Medical Records

Understanding your medical history is crucial for informed healthcare decisions. Patients who provide us with records progress faster onto the transplant list.

Tip: Use the testing letter provided at your evaluation to keep track of testing.

In Nevada, NRS 629.061 and 629.062 ensure that patients have the right to access their medical records, either through physical inspection, copies, or electronic transmission, and that the process is reasonably affordable and timely.

How to request medical records:

1. Write down information below the day you have your test done including:
   a. Date test was done
   b. Doctor's name
   c. Doctor's phone number
   d. Doctor's fax number

2. On the day of your appointment, clearly state that you want to request a copy of your medical record and ask when your test result will be available.

3. Put a reminder in your phone or on your letter to request the record from the doctor's office or medical facility.

4. Request the record when it is available.

5. Send the record to our office by any of the following methods:
   a. Fax: 702-383-1876
   b. Email: TransplantReferrals@umcsn.com
   c. Mail or hand carry to:
      UMC Transplant Center
      901 S Rancho Lane Ste. 250
      Las Vegas, NV 89106

Please keep a copy of each and every test result!

People that keep their records have better health outcomes.

901 Rancho Lane, Suite 250, Las Vegas, NV 89106-3805
Phone: (702) 383-2224
Fax: (702) 383-1876