



**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 Center for Transplantation

Video PowerPoint Presentation which included:

- 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.

901 Rancho Lane, Suite #250

Las Vegas, NV 89106

UMC Center for Transplantation

Phone: (702) 383-2224

Fax: (702) 383-3035

Email: TransplantReferrals@umcsn.com

