

Referring a Patient for Liver Transplant Evaluation

Patients must have a Mass General Brigham Medical Record Number (MRN) to be scheduled for a transplant evaluation. **Please urge patients to call Patient Registration at 866-211-6588.**

Date:

Please submit completed form via fax

Ph: 877-716-8440

F: 617-643-5576

Select the preferred Mass General Brigham Liver Evaluation Clinic location for your patient's first visit:

Main Hospital Locations

☐ **Massachusetts General Hospital**
165 Cambridge St
Boston, MA 02114

☐ **Brigham and Women's Hospital**
45 Francis St
Boston, MA 02115

Outreach Locations

☐ **Southern MA**
20 Patriots Pl
Foxborough, MA 02035

☐ **Western MA**
Cooley Dickinson Hospital
30 Locust St
Northampton, MA 01060

☐ **New Hampshire**
Wentworth-Douglass Hospital
121 Corporate Dr
Portsmouth, NH, 03801

☐ **Rhode Island**
University Gastroenterology
1407 South County Trail
East Greenwich, RI 02818

Patient Information

Patient Name	First	Middle Initial	Last	Cell Phone	Home Phone
Address				Email	
City	State		Zip	Date of Birth (mm/dd/yyyy)	

Referring Physician Information

Referring Physician's Name			NPI Number	
Office Address			Fax Number	
City	State	Zip	Telephone	
Patient's Primary Care Provider (PCP)				
PCP Office Address		PCP Telephone	PCP Fax	
City	State	Zip	Contact Person and Email	

Referral Checklist

Diagnosis

If preferred, list specific Mass General Brigham provider:

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☐ Most recent clinic notes (including PCP)

☐ Pertinent pathology reports

☐ Procedure Reports (EGD, Colonoscopy, ERCP, EUS)

☐ Cardiac testing (if available ECG, echo, etc.)

☐ Age appropriate cancer screening results

☐ Recent abdominal imaging reports and discs