



## Hepatology & Liver Transplant Program Referral

Please use this fax cover to refer your patients.  
Attach the required information (if possible) and fax to:

- Hepatology (General Liver Care) (602) 406-5488
- Liver Transplant (602) 798-0463

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Date: \_\_\_\_\_ Completed by: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Referring MD: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Required Documentation:**

- Demographics, including contact information  Other: \_\_\_\_\_
- Insurance card (front/back) \_\_\_\_\_
- H&P or clinic note \_\_\_\_\_
- Labs \_\_\_\_\_
- Medical imaging or procedure reports \_\_\_\_\_
- Referring provider contact information \_\_\_\_\_
- Medication list \_\_\_\_\_

*Note: If you are referring for a diagnosis of HCC, please send medical imaging discs to the above address*

**Clinical Indications:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Justin Reynolds, MD**  
Medical Director  
Liver Transplant

**Mohanad Al-Qaisi, MD**  
Transplant Hepatology

**Alan Sheinbaum, MD**  
Hepatology

**Kelly Hortel, FNP**  
Hepatology

**Amy Milmine-Stein, FNP**  
Hepatology

**Michelle Davis, ACNP**  
Inpatient Hepatology/  
Transplant

**Amber Sweet**  
Clinic Operations -  
Hepatology  
Phone (480) 364-8310

**Angela Smith, MSN,  
RN, CNML**  
Abdominal Transplant  
Program Manager  
Phone (602) 406-5509