

LIVER CENTER

Thank you for your interest in the UAB Liver Center. We are pleased that you are allowing us to aid in the care of your patients. Your completion **of the all the fields below** and attachment of medical records will ensure that there are no unnecessary delays in the evaluation of your patient.

REQUIRED INFORMATION:

- Patient demographics page from your data system
- Clinic notes, labs, procedure reports, and imaging for the past 12 months
- Copy of insurance cards or insurance information

Patient Name: _____ DOB: _____

Patient Contact Number: _____ Office Contact Number: _____

Referring MD Name: _____ Referring MD NPI: (first referral only): _____

Referring MD Address: _____

Referring MD Phone: _____ Referring MD Fax: _____

Indication/Clinical Concern: _____

REASON FOR VISIT: PLEASE CHECK BOX BELOW

- Liver Mass (Please refer to Hepatobiliary/Liver Mass Clinic Form)
- Transplant Evaluation
- General Hepatology (please list diagnosis/concern above)

REQUESTED PROVIDER AND FAX NUMBER TO FAX RECORDS:

- Brendan McGuire, MD - 205-975-9777
- Meagan Gray, MD - 205-975-9777
- Mohamed Shoreibah, MD - 205-975-9393
- Nicholas Hoppmann, MD - 205-975-9393
- David Fettig, MD - 866-728-9320
- Sujan Ravi, MD - 866-728-9320

UAB LIVER CENTER

Phone: 205-996-4744, option 1 appointment scheduling