EMERGENCY NEEDS FOR TRANSPLANT PATIENTS - Kidney/Pancreas

Name _____
Address: _____

Home Phone: _____
Work Phone: _____
Cell Phone:

Insurance Information

Insurance Information _____
Medicare Number _____
Other Insurance
Group _____ Policy _____ Contact Number _____

Medical Information

Cause of Kidney Failure _____
Other Medical Conditions _____

Previous Surgeries or Complications _____

Type of Transplant O Kidney O Kidney/Pancreas O Pancreas Alone
O Other: _____
Transplant Date _____
Allergies _____

Transplant Center Information

Your Transplant Center: Nebraska Medicine/Univerity of Nebraska Medical Center
983285 Nebraska Medical Center
Omaha, Nebraska 68198-3285
Phone: 800-401-4444; 402-559-5000
Fax: 402-552-3030, 402-552-3619, 402-552-3052
Transplant Surgeons: Dr. Wendy Grant, Dr. Alan Langnas, Dr. Alexander Maskin
Dr. David Mercer, Dr. Michael Morris, Dr. Luciano Vargas
Transplant Nephrologists: Dr. Clifford Miles, Dr. Justin Westervelt
Transplant Pediatric Nephrologists: Dr. Teri Mauch, Dr. Helen Lovell, Dr. Murty Adabala
Website: www.nebraskamed.com

Physician Information

Your Primary Care Physician Name, Address & Phone: _____

Your Nephrologist's Name, Address & Phone: _____

Medical Support Contact Information

Your Pharmacy's Name, Address and Phone: _____

Your Laboratory's Name, Address and Phone: _____

Your Local Hospital or Emergency Room's Name, Address and Phone: _____

Emergency Contact Information

Name & Phone of Your Emergency Contact Person: _____

Medication List:

Name of Medication	Dose	Frequency