EMERGENCY NEEDS FO	R TRANSPLANT PATIENT	S - Liver/Intestine
NI		
Address:		
Work Phone: Cell Phone:		
Insurance Information		
Insurance Information		
	er	
Other Insurance		
Group	Policy Con	tact Number
Medical Information		
Cause of Liver Failure Cause of Intestinal Failure		
Other Medical Conditions		
other medical conditions		
Previous Surgeries or Comp	blications	
		I O Liver/Small Bowel/Pancreas
O Other:		
i ransplant Date		
Allergies		
Transplant Center Informa	tion	
		ity of Nebraska Medical Center
983285 Nebraska N		
Omaha, Nebraska 6		
Phone: 800-401-44		
Fax: 402-552-3030	, 402-552-3619 <i>,</i> 402-552-30	52
	-	in Langnas, Dr. David Mercer, Dr. Luciano Vargas
Transplant Hepatolog		Timothy McCashland, Dr. Fedja Rochling
	Dr. Marco Olivera-Martin	
	-	Dr. Benjamin Infantino, Dr. Pablo Palomo
Website: www.neb Physician Information	raskamed.com	
•	n's Name, Address and Phon	e.
Tour Frinary Care Friysicia	in 5 Name, Address and Fhom	
Your Hepatologist's Name,	Address and Phone:	
Medical Support Contact I	nformation	
Your Pharmacy's Name, Ad	dress and Phone:	
Your Laboratory's Name, A	ddress and Phone:	
Your Local Hospital or Eme	rgency Room's Name, Addre	ss and Phone.
Tour Local Hospital of Effe	rgency Room's Name, Addre	
Emergency Contact Inform	ation	
	on's Name, Address and Phone	
Medication List:		
Name of Medication	Dose	Frequency
	Dose	riequency