MUSC Health
Medical University of South Carolina

Advanced Heart Failure and Heart Transplant
Phone: 843-792-9259
Fax: 843-792-1729
After Hours: MEDULINE 800-922-5250
MUSChealth.org

Referral Form: Advanced Heart Failure and Transplant

Patient Name:_____ SS#_____ DOB: _____ Gender: _____

Address: _____ City_____ State____ Zip: _____

Email address:_____ Best Contact Number:_____

Emergency Contact:_____ Phone:_____Relationship:_____

Prior Evaluation for Advanced Therapies? If Yes, Where:_____

When:_____

Referring Cardiologist:_____

Phone Number:_____ Fax Number:_____

Prior Transplant: Yes_____ Center name: _____ Donor/UNOS ID: _____

Name of Person Completing this form:_____ Contact Number:_____

Please include any or all of the following documents (if available) with this form:
Insurance Cards (Front and Back of cards) and/or Medical Facesheet
Most Recent Office Visit note
Hospital Discharge Summary (If hospitalized in the last year)
History and Physical
ECG
Echocardiogram Report (Most Recent)
Left/Right Heart Cath (Most Recent)
Biopsy/Pathology reports
Rejection History
Stress Echocardiogram Report or Cardiopulmonary Stress Test
Operative Reports from any thoracic surgeries
Recent Labs (including ABO/Blood Type)
Radiology Reports: Chest X-Ray, Dexa Bone Density, MRI, etc.
Health Maintenance: Colonoscopy, Mammogram, GYN Report / PAP Results.

FAX TO: 843-792-1729