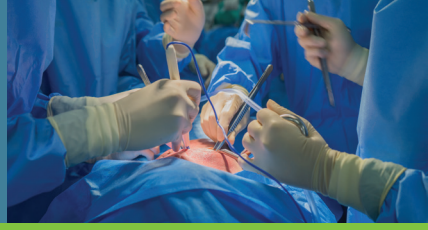
Duke Heart Transplant

Pioneer in breakthroughs for heart transplant to increase access to treatment



National leader for heart transplant and durable VADs volumes

Among the shortest average wait times on the East Coast

Overview

As a national leader in heart transplant and mechanical circulatory support, Duke Health offers innovative options to improve heart transplant outcomes and expand access to the patients that need care.

We offer comprehensive evaluation and treatments for patients who require intervention for complex conditions, including:

- Advanced heart failure / congestive heart failure
- Cardiomyopathy
- Chronic heart conditions that do not respond to other therapies

Our high-volume advanced heart failure program can treat all stages of heart failure. Since our program began in 1985, we have completed more than 2,200 heart transplants, including multi-organ options.

To refer a patient, log in to Duke MedLink, fax to 919-681-8860, or call 919-613-7777.

Why Refer to Duke

- World leader in pioneering new technologies to make heart transplantation accessible to more patients, including:
  - First U.S. center to perform donation after circulatory death (DCD) heart transplant, and continue to be a leader nationally in the procedure that expands donor pool options.
  - Bridge-to-transplant devices including BiVACOR Total Artificial Heart (TAH)
- Expanded criteria and options for patients that may otherwise be ineligible for transplant at other centers.
- Premier destination for multi-organ transplant procedures as part of our high-volume, comprehensive transplant center.
- Advanced treatment options for patients who do not meet the criteria for transplant, including new drug therapies or treatment in clinical trials.
- One of the nation's largest mechanical circulatory support programs, providing therapy with left ventricular assist devices (LVADs), including endovascular therapies such as Impella, implantable devices such as Heartmate 3, the novel BrioVad, and extracorporeal ventricular assist devices for all sizes and anatomy.
- Fully-integrated adult congenital program for seamless clinical transition for pediatric patients who require adult care.

DukeHealth

Duke Heart Transplant Program

Dedicated Care Coordinators

Our care coordinators and social workers help your patients navigate every aspect of their care, including appointment scheduling, insurance coverage, and access to support resources.

Clinical Trials

We screen every patient for clinical trial eligibility to give your patients access to novel therapies.

Qualified Donors

We are a leader in DCD heart transplantation and participate in national registries for benchmarking quality.

Location

Duke Clinic 2F/2G
40 Duke Medicine Cir.
Durham, NC 27710
Phone 919-613-7777
Toll-free 800-249-5864
Fax 919-681-8860
On-call Physician 919-684-8111

A transplant coordinator and a doctor are on call 24 hours a day, 365 days a year for urgent concerns.

Our Care Team Members

Cardiologists

Adam DeVore, MD, MHS, *Medical Director*
Richa Agarwal, MD
G. Michael Felker, MD, MHS
Adrian Hernandez, MD, MHS
Karen Flores Rosario, MD
Christopher Holley, MD, PhD
Joseph Lerman, MD
Robert Mentz, MD
Chetan Patel, MD
Paul Rosenberg, MD
Stuart Russell, MD
Aferdita Spahillari, MD, MPH
Senthil Selvaraj, MD, MS, MA

Cardiothoracic Surgeons

Jacob Schroder, MD, *Surgical Director*
Jeffrey Keenan, MD, FACS
Carmelo Milano, MD

Find the most up-to-date list of providers at DukeHealth.org/Transplant

Duke Heart Transplant Referral Form

Please fax the completed referral form to 919-681-8860 or use electronic referral through Epic/MedLink. Once received, a scheduler will contact your patient to schedule an appointment. We appreciate your referral.

USPS
Box 102347
Durham, NC 27710

FedEx/UPS
330 Trent Drive, Room 138
Hanes House
Durham, NC 27710

Phone 919-613-7777
Toll-free 800-249-5864
Fax 919-681-8860

Patient Demographic Information

Name: _____ Veteran? Y ☐ N ☐
Address: _____ Marital Status: _____
City: _____ State: _____ Zip: _____
Social Security Number: _____ Date of Birth: _____ Gender: _____ Race: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ E-mail: _____
Emergency Contact: _____ Phone: _____ Relationship: _____
Language: _____ Interpreter? Y ☐ N ☐ Special Needs? Y ☐ N ☐ _____
Employer: _____

Physician Information

Referring Physician: _____ Primary Care Physician: _____
Practice/Group Name: _____ Practice/Group Name: _____
Address: _____ Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Phone: _____ Phone: _____
Fax: _____ Fax: _____
E-mail: _____ E-mail: _____
Name of Person Completing This Form _____

Primary Insurance Information (attach copy of both sides of card)

Company: _____ Policy ID: _____ Group Number: _____
Policyholder's Name: _____ Policyholder's DOB: _____
Insurance Phone Number: _____ Referral or Pre-Cert Number: _____
Behavioral Health Insurance? Y ☐ N ☐ Company: _____ Policy ID: _____

Secondary Insurance Information (attach copy of both sides of card)

Company: _____ Policy ID: _____ Group Number: _____
Policyholder's Name: _____ Policyholder's DOB: _____
Insurance Phone Number: _____ Referral or Pre-Cert Number: _____

Patient General Clinical Information

Patient Height: _____ Patient Weight: _____ Date: _____
Seen at Duke University Hospital? Y ☐ N ☐ If yes, date of last visit: _____
Duke Medical Record Number: _____ Smoking Cessation Date: _____
Oxygen Use at Rest: _____ at Exertion: _____

Requested Referral Information

- Any pertinent medical records
- Most recent history and physical (clinic notes)
- Operative reports from any thoracic surgeries
- Recent chest x-ray report
- Reports of previous cardiac catheterization, stress test, and/or echocardiogram