

Local Resources

Nebraska Medicine Hospital Address

Patient Name
Patient Mail
Hospital Room Number, if known
PO Box 6159
Omaha, NE 68106-0159

Nebraska Medicine General Information

402.559.4000

Solid Organ Transplant Unit, Level five

Clarkson Tower

402.552.2051

Surgical ICU (SICU), Level eight,

Clarkson Tower

402.552.3850

Social Work 402.559.4420

Nearest Hospital Pharmacy

Nebraska Medicine Pharmacy
Durham Outpatient Center, Level two
402.559.5215

Closest Retail Pharmacy

Walgreens
225 North Saddle Creek Road, Omaha, NE
68131
402.551.1797

Closest Target

7200 Dodge St, Omaha, NE 68114
402.390.8880

Closest Walmart

1606 S 72nd St., Omaha, NE 68124
402.393.9560

Nearest Grocery Store

Baker's
888 South Saddle Creek Road, Omaha, NE
68106
402.551.0613

Pharmacy, Lab and Immediate Care Clinics

Outpatient Pharmacy at Durham

Outpatient Center

Level two, 43rd and Emile streets

Office Phone Number: 402.559.5215

Toll-free Phone Number: 800.233.3455

Monday through Friday, 7 a.m. to 9 p.m.

Weekends and holidays,
8:30 a.m. to 4:30 p.m.

Laboratory Services at Nebraska Medicine

Durham Outpatient Center, Level one
43rd and Emile streets

Office Phone Number: 402.559.8780

Monday through Friday, 6 a.m. to 6 p.m.

Saturday, 6:30 a.m. to 12:30 p.m.

Fred & Pamela Buffet Cancer Center Fast Track – Laboratory

Fred & Pamela Buffet Cancer Center,
505 S 45th St.

Omaha, NE 68105

Multispecialty Clinic at Village Pointe

110 N 175th St.

Omaha, NE 68118

Office Phone Number: 402.596.4411

Eagle Run Health Center

3685 N 129th St.
Omaha, NE 68164
Office Phone Number: 402.595.3993
Immediate Care Number: 402.559.7800
Monday through Friday, 6 to 10 p.m.
Weekends, 10 a.m. to 8 p.m.
Holidays, 11 a.m. to 4 p.m.

Plattsmouth Health Center

1938 E Hwy 34
Plattsmouth, NE 68048
Office Phone Number: 402.296.6009
Monday through Friday, 8:30 a.m. to 5 p.m.
Closed holidays and weekends

Midtown Health Center

139 S 40th St.
Office Phone Number: 402.595.3939
Immediate Care Number: 402.559.7800
Monday through Friday, 6 to 10 p.m.
Weekends and holidays, 10 a.m. to 8 p.m.
Holidays, 11 a.m. to 4 p.m.

Family Medicine at Bellevue Clinic

2510 Bellevue Medical Center Drive
Suite 200
Bellevue, NE 68123
Office Phone Number: 402.595.1451
Monday, Tuesday, Thursday,
7:45 a.m. to 6 p.m.
Wednesday and Friday, 7:45 a.m. to 5 p.m.
Immediate Care Number: 402.559.7800
Monday through Friday, 6 p.m. to 10 p.m.
Weekends and holidays, 10 a.m. to 8 p.m.
Holidays, 11 a.m. to 4 p.m.

Chalco Health Center Clinic

8343 S. 168th Ave.
Omaha, NE 68136
Office Phone Number: 402.595.3993
Immediate Care Number: 402.559.7800
Monday through Friday, 6 p.m. to 10 p.m.
Weekends, 10 a.m. to 8 p.m.
Holidays, 11 a.m. to 4 p.m.

Patient Discharge Questionnaire

1. Name the anti-rejection (Immunosuppression) medications you are taking since your transplant.
2. How often were you told to get your lab work drawn?
3. Who is your primary care physician (PCP) or family practice doctor?
4. After discharge, where will you go to get your lab work done?
5. Robitussin®, Tylenol®, and Benadryl® are the three over-the-counter medications that are safe to take without a prescription.
 - a.) True
 - b.) False
6. Name the fruit or fruit juice that should never be taken because it increase the potency of anti-rejection (immunosuppression) medication.
7. It is OK to take Motrin® or ibuprofen.
 - a.) True
 - b.) False
8. You should go to the emergency room or call 911 if you:
 - a.) Have chest pain
 - b.) Have a change in level of consciousness
 - c.) Have a severe or sudden onset of pain
 - d.) Vomit or throw up blood
 - e.) Develop shortness of breath
 - f.) a, c, and d
 - g.) all of the above
9. What is the general time from that you will be required to stay in Omaha after transplant?
10. Should you have your lab work drawn before or after your morning anti-rejection (immunosuppression) medication?

Who Are Your Doctors?

YOUR NAME _____ **DATE OF BIRTH** _____

Please provide a list of all the doctors you would like your medical information sent to following your evaluation.

REFERRING PHYSICIAN | THE DOCTOR THAT SENT YOU TO OUR PROGRAM FOR EVALUATION

Name _____ Specialty _____ Phone Number _____

Address _____ City/State/ZIP _____

PRIMARY CARE PHYSICIAN | THE DOCTOR YOU SEE FOR MEDICAL ISSUES SUCH AS A COLD

Name _____ Specialty _____ Phone Number _____

Address _____ City/State/ZIP _____

OTHER PHYSICIAN | NOT LISTED ABOVE THAT YOU WOULD LIKE NOTIFIED

Name _____ Specialty _____ Phone Number _____

Address _____ City/State/ZIP _____

LAB YOU WILL BE USING AT HOME

Name _____

Address _____

Phone Number _____

LOCAL HOSPITAL YOU WOULD USE IN AN EMERGENCY

Name _____

Address _____

Phone Number _____

MAY WE HAVE PERMISSION TO PROVIDE YOUR MEDICAL INFORMATION TO ANYONE ELSE?

Name _____ Relationship _____ Phone Number _____

In case of emergency or we are unable to contact you, we may contact the above named person.

SIGNATURE _____

