Emergency Needs for Transplant Patients – Lung

Patient Information

Name:

Address:

Home Phone:

Work Phone:

Cell Phone:

Insurance Information

Medicare Number:

Other Insurance: 1

Group: Policy: Contact No.:

Other Insurance: 2

Group: Policy: Contact No.:

Medical Information

Cause of Lung Disease:

Other Medical Conditions:

Previous Surgeries or Complications:

Type of Transplant:

Other:

Transplant Date:

Allergies:

Transplant Center Information

Your Transplant Center: Nebraska Medicine / University of Nebraska Medical Center
986450 Nebraska Medical Center, Omaha, Nebraska 68198-6450
Phone: 402-559-8529 Fax: 402-559-9860
Website: www.nebraskamed.com/transplant

Physician Information

Your Primary Care Physician (name, address and phone):

Your Pulmonologist (name, address and phone):

Medical Support Contact Information

Your Pharmacy (name, address and phone):

Your Laboratory (name, address and phone):

Your Local Hospital or Emergency Room (name, address and phone):

Emergency Contact Information

Name and Phone of Your Emergency Contact Person:

Medication List

List each medication with its dose and how often you take it.

Name of Medication	Dose	Frequency