

# Attending Physician's Diagnosis for Major Organ Transplant

## PATIENT INFORMATION

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Gender: \_\_\_\_\_ Patient ID/Number: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Address: \_\_\_\_\_

## DIAGNOSIS & MEDICAL DETAILS

1. Primary Diagnosis and Organ Involved:

2. Date Diagnosis was First Established: \_\_\_\_\_

3. Brief Clinical Summary:

4. Details of Planned Transplant (organ, reason, etc):

5. Date of Planned Transplant (if known): \_\_\_\_\_

6. Name of Hospital/Transplant Center: \_\_\_\_\_

7. Additional Relevant Notes:

## ATTENDING PHYSICIAN'S DECLARATION

I certify that the information provided above is, to the best of my knowledge, true and complete.

Physician's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Registration No.: \_\_\_\_\_

Specialty: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Institution/Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/Fax: \_\_\_\_\_

Email: \_\_\_\_\_

